



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A For the 2009 calendar year, or tax year beginning</b>		, 2009, and ending		, 20	
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> Hillsboro Et Cetera Shop <b>Doing Business As</b> Number and street (or P O box if mail is not delivered to street address) 109 N. Main		<b>D Employer identification number</b> 48 1025132 <b>E Telephone number</b> 620, 947-3807	
		Room/suite City or town, state or country, and ZIP + 4 Hillsboro, KS 67063		<b>G Gross receipts \$</b> If "No," attach a list (see instructions)	
<b>I Tax-exempt status</b> XX 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J Website:</b> ►				<b>H(c) Group exemption number</b> ►	
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b>		<b>M State of legal domicile</b>	

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities  
 The organization runs a thrift store, selling donated used goods. Net profits support the Mennonite Central Committee, a disaster relief organization.

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of employees (Part V, line 2a) 5 1

6 Total number of volunteers (estimate if necessary) 6 15

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 34. 7b 0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	414	615
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3-4 and 7d)	315	1,197
	11 Other revenue (Part VIII, column (A), lines 5-6a, 8c, 9c, 10c, and 11e)		103,993
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,110	108,922
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,500	66,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,419	28,704
	16a Professional fundraising fees (Part IX, column (A), line 16)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,669	26,761
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	114,588	121,965
	19 Revenue less expenses. Subtract line 18 from line 12	5,522	(13,043)
Net Assets or Fund Balances		Beginning of Current Year	End of Year
		53,985	53,985
		53,985	47,330

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► *Bonnie Funk*

Signature of officer

15-14-10

Date

► Bonnie Funk, Treasurer

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>C. Collett</i>	Date 5-14-10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) EIN 48 0928509
	Firm's name (or yours if self-employed) address, and ZIP + 4 ► BROOKENS & COLLETT		Phone no ► 620 382-2133	
May the IRS discuss this return with the preparer shown above? (see instructions) XX Yes <input type="checkbox"/> No				

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
 The organization operates a thrift store, selling donated used clothing and household goods. Net proceeds are donated to the Mennonite Central Committee, a disaster relief organization.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
 The thrift store is the only program service that incurs expenses.  
 Net profits from the store's operation are donated to relief organizations - the bulk to Mennonite Central Committee, and \$2,500 to Main Street Ministeries, a Hillsboro, Kansas, agency that operates a food/clothing/furniture donation program and a shelter for homeless families.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O)  
 (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c <input checked="" type="checkbox"/>	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b <input checked="" type="checkbox"/>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b <input type="checkbox"/>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a <input type="checkbox"/>	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a <input checked="" type="checkbox"/>	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b <input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c <input checked="" type="checkbox"/>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b <input type="checkbox"/>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a <input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b <input type="checkbox"/>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c <input checked="" type="checkbox"/>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d <input type="checkbox"/>	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e <input checked="" type="checkbox"/>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f <input checked="" type="checkbox"/>	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g <input type="checkbox"/>	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h <input type="checkbox"/>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a <input checked="" type="checkbox"/>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b <input checked="" type="checkbox"/>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a 0	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a 0	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b <input type="checkbox"/>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b <input type="checkbox"/>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body . . . . . 1a 8  
 b Enter the number of voting members that are independent . . . . . 1b 8

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . 5 X

6 Does the organization have members or stockholders? . . . . . 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . 7a X  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . 7b X  
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body? . . . . . 8a X  
 b Each committee with authority to act on behalf of the governing body? . . . . . 8b N/A  
 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . 9a X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? . . . . . 10a X  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . 10b

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . 12a X  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . 12b X  
 12c

13 Does the organization have a written whistleblower policy? . . . . . 13 X

14 Does the organization have a written document retention and destruction policy? . . . . . 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official . . . . . 15a X  
 b Other officers or key employees of the organization . . . . . 15b X  
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16a X  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . 16b

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Kansas

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Bonnie Funk, 2050 Kanza, Hillsboro, KS 67063 620-947-5672

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Wilbur Hanneman, President 708 West A., Hillsboro, KS	1	x		x			-0-	-0-	-0-
Lauren Enns, Vice President 806 240th, Hillsboro, KS	1	x		x			-0-	-0-	-0-
Ruby Dalke, Secretary 609 E. St., Hillsboro, KS	1	x		x			-0-	-0-	-0-
Warren Dalke, Member 609 E. St., Hillsboro, KS	1	x					-0--	-0-	--0-
Kenneth Funk, Member 2050 Kanza, Hillsboro, KS	1	x					-0-	-0-	-0-
Helen Schmidt, Member 311 Willow Rd., Hillsboro, KS	1	x					-0-	-0-	-0-
Paul Suderman, Member 1 Park Ave. Apt. 202 Hillsboro, KS 67063	1	x					-0-	-0-	-0-
Bonnie Funk, Treasurer 2050 Kanza, Hillsboro, KS 67063	3	x		x			-0-	-0-	-0-
Carol Abrahams 1804 Indigo, Hillsboro, KS 67063	40			x	x		26,675	-0-	-0-

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► -0-

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns				
	<b>1b</b> Membership dues				
	<b>1c</b> Fundraising events				
	<b>1d</b> Related organizations				
	<b>1e</b> Government grants (contributions)				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above				
	<b>1f</b> <b>615</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f. \$				
<b>h</b> <b>Total. Add lines 1a-1f</b>	<b>615</b>				
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>1,197</b>		
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties				
	<b>6a</b> Gross Rents				
	<b>b</b> Less: rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)				
	<b>7a</b> Gross amount from sales of assets other than inventory				
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events					
<b>9a</b> Gross income from gaming activities See Part IV, line 19					
<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>103,993</b>			
<b>b</b> Less: cost of goods sold					
<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b> Property tax refund		<b>2,964</b>			
<b>b</b> Insurance refund					
<b>c</b>					
<b>d</b> All other revenue					
<b>e</b> <b>Total. Add lines 11a-11d</b>					
<b>12</b> <b>Total revenue.</b> See instructions		<b>108,922</b>			

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	66,500	66,500		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	26,675		26,675	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,029		2,029	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	1,200		1,200	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	380		380	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,798		1,798	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Building repairs	9,254		9,254	
b Utilities	6,652		6,652	
c Supplies	1,510		1,510	
d Shelving	4,008		4,008	
e Misc.	1,959		1,959	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	121,965	66,500	55,465	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	24,012	1 10,124
	2 Savings and temporary cash investments	7,657	2 8,000
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 50,317	
	b Less: accumulated depreciation	10b 21,111	10c 29,206
	11 Investments—publicly traded securities	11	
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	60,875	16 47,330
Liabilities	17 Accounts payable and accrued expenses	2,202	17
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	60,875	33 47,330
	34 Total liabilities and net assets/fund balances	58,673	34 47,330

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2b Were the organization's financial statements audited by an independent accountant?

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Name of the organization Hillsboro Et Cetera Shop

**Employer identification number**  
48 1025132

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  Yes  No  
 (ii) A family member of a person described in (i) above?  Yes  No  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Yes  No  
 h Provide the following information about the supported organization(s)  

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

**h** Provide the following information about the supported organization(s)

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				414	615	1,029
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,362	70,091	96,250	108,780	103,993	422,476
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	43,362	70,091	96,250	109,194	104,608	423,505
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6)						423,505

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	43,362	70,091	96,250	109,194	104,608	423,505
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141	2,328	374	316	1,197	4,356
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	141	2,328	374	316	1,197	4,356
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	43,503	72,419	96,624	109,510	105,805	427,861
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.4 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.5 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1 %
19a <b>33 1/3 % support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



### **Part III Grants and Other Assis**

**Use Part IV and Schedule I-1 (Form 990) if additional space is needed.**

Part IV

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE O**  
**(Form 990)**

## **Supplemental Information to Form 990**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public  
Inspection**

---

Name of the organization

Name of the organization Hillsboro Et Cetera Shop

Employer identification number  
48 1025132

... The organization's form 990 is prepared by a local independent attorney, using figures derived from the organization's independent, paid accountant. The treasurer of the board signs the return after consultation with the accountant and counsel, and the return is reviewed at a board meeting.

**Et Cetera Shop**  
**January 31, 2009**

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$7,622.48	\$7,622.48
C.D. Interest	49.03	49.03
Donations	<u>20.77</u>	<u>20.77</u>
<b>TOTAL RECEIPTS:</b>	<b>\$7,692.28</b>	<b>\$7,692.28</b>

**Monthly Expenses**      **Yearly Expenses**

<b>Disbursements:</b>		
Sent to MCC	6,000.00	6,000.00
 <b>Operating Expenditures:</b>		
Managers Salary	1,950.00	1,950.00
Accounting Fee	100.00	100.00
Payroll Taxes	484.82	484.82
Supplies	52.69	52.69
Utilities	852.23	852.23
Advertising	24.50	24.50
Insurance	100.00	100.00
Miscellaneous	<u>16.00</u>	<u>16.00</u>
<b>TOTAL EXPENSES:</b>	<b>\$9,580.24</b>	<b>\$9,580.24</b>
 Net Income (Loss)	(1,887.96)	(1,887.96)
 Balance December 31, 2008	58,673.60	58,673.60
 Add Net Gain (Loss)	(1,887.96)	(1,887.96)
 Balance January 31, 2009	<b>\$56,785.64</b>	<b>\$56,785.64</b>

**Balance Sheet**

<b>Assets:</b>		<b>Liabilities and Balances:</b>	
Cash	\$ 50.00	Balance January 31, 2009	\$56,785.64
Cash in Bank	21,318.68	Interest -NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	232.83
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>556.43</u>
Building	50,317.50		\$58,232.50
Accumulated Depreciation	<u>(21,111.28)</u>		
	<b>\$58,232.50</b>		

**Certificate of Deposit Information:**

Central National Bank -- \$7,657.60

18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
February 28, 2009

Summary of Income and Expenses		
	<u>Current Month</u>	<u>Year to Date</u>
<b>Receipts:</b>		
Sales of Donated Goods	\$6,429.48	\$14,051.96
C.D. Interest	0.00	49.03
Donations	47.97	68.74
Property Tax Refund	<u>2,963.97</u>	<u>2,963.97</u>
<b>TOTAL RECEIPTS:</b>	<b>\$9,441.42</b>	<b>\$17,133.70</b>

	<u>Monthly Expenses</u>	<u>Yearly Expenses</u>
<b>Disbursements:</b>		
Sent to MCC	4,000.00	10,000.00
<b>Operating Expenditures:</b>		
Managers Salary	1,887.50	3,837.50
Accounting Fee	100.00	200.00
Payroll Taxes	0.00	484.82
Supplies	117.05	169.74
Utilities	969.44	1,821.67
Advertising	14.70	39.20
Insurance	694.00	794.00
Miscellaneous	<u>0.00</u>	<u>16.00</u>
<b>TOTAL EXPENSES:</b>	<b>\$7,782.69</b>	<b>\$17,362.93</b>
Net Income (Loss)	1,658.73	(229.23)
Balance January 31, 2009	56,785.64	58,673.60
Add Net Gain (Loss)	1,658.73	(229.23)
<b>Balance February 28, 2009</b>	<b>\$58,444.37</b>	<b>\$58,444.37</b>

**Balance Sheet**

<b>Assets:</b>		<b>Liabilities and Balances:</b>	
Cash	\$ 50.00	Balance February 28, 2009	\$58,444.37
Cash in Bank	23,118.39	Interest -NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	460.88
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>469.36</u>
Building	50,317.50		\$60,032.21
Accumulated Depreciation	<u>(21,111.28)</u>		
	\$60,032.21		

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

**Et Cetera Shop**  
**March 31, 2009**

### Summary of Income and Expenses

<u>Receipts:</u>	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$7,600.71	\$21,652.67
C.D. Interest	0.00	49.03
Donations	80.13	148.87
Property Tax Refund	0.00	2,963.97
<b>TOTAL RECEIPTS:</b>	<b>\$7,680.84</b>	<b>\$24,814.54</b>

## Monthly Expenses

### Yearly Expenses

**Disbursements:** \_\_\_\_\_  
Sent to MCC 6,000.00 16,000.00

#### Operating Expenditures:

<b>Managers Salary</b>	<b>2,062.50</b>	<b>5,900.00</b>
<b>Accounting Fee</b>	<b>100.00</b>	<b>300.00</b>
<b>Payroll Taxes</b>	<b>0.00</b>	<b>484.82</b>
<b>Supplies</b>	<b>69.61</b>	<b>239.35</b>
<b>Utilities</b>	<b>685.79</b>	<b>2,507.46</b>
<b>New Shelving</b>	<b>4,007.62</b>	<b>4,007.62</b>
<b>Advertising</b>	<b>14.70</b>	<b>53.90</b>
<b>Insurance</b>	<b>0.00</b>	<b>794.00</b>
<b>Miscellaneous</b>	<b>245.09</b>	<b>261.09</b>

**Net Income (Loss)** **(5,504.47)** **(5,733.70)**

**Balance February 28, 2009** **58,444.37** **58,673.60**

**Add Net Gain (Loss)** **(5,504.47)** **(5,733.70)**

**Balance March 31, 2009** **\$52,939.90**

## Balance Sheet

## Assets:

Cash	\$ 50.00
Cash in Bank	17,940.85
Certificate of Deposit	7,000.00
Interest Added to C.D.	657.60
Building	50,317.50
<u>Accumulated Depreciation</u>	<u>(21,111.28)</u>
	\$54,854.67

### Liabilities and Balances:

Balance March 31, 2009	\$52,939.90
Interest -NOT PAID	657.60
Accrued Payroll Taxes	702.31
Accrued Sales Tax	554.86
	<u>\$54,854.67</u>

**Certificate of Deposit Information:**

**Central National Bank -- \$7,657.60**

18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
April 30, 2009

### **Summary of Income and Expenses**

<u>Receipts:</u>	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$7,481.23	\$29,133.90
C.D. Interest	0.00	49.03
Donations	44.08	192.95
Property Tax Refund	<u>0.00</u>	<u>2,963.97</u>
<b>TOTAL RECEIPTS:</b>	<b>\$7,525.31</b>	<b>\$32,339.85</b>

## Monthly Expenses

## Yearly Expenses

**Disbursements:** \_\_\_\_\_  
Sent to MCC 5,000.00 21,000.00

#### Operating Expenditures:

<b>Managers Salary</b>	<b>2,000.00</b>	<b>7,900.00</b>
<b>Accounting Fee</b>	<b>100.00</b>	<b>400.00</b>
<b>Payroll Taxes</b>	<b>474.29</b>	<b>959.11</b>
<b>Supplies</b>	<b>63.36</b>	<b>302.71</b>
<b>Utilities</b>	<b>540.56</b>	<b>3,048.02</b>
<b>New Shelving</b>	<b>0.00</b>	<b>4,007.62</b>
<b>Advertising</b>	<b>0.00</b>	<b>53.90</b>
<b>Insurance</b>	<b>0.00</b>	<b>794.00</b>
<b>Miscellaneous</b>	<b>49.00</b>	<b>310.09</b>

**Net Income (Loss)** **(701.90)** **(6,435.60)**

**Balance March 31, 2009** **52,939.90** **58,673.60**

**Add Net Gain (Loss)** **(701.90)** **(6,435.60)**

**Balance April 30, 2009** **\$52,238.00** **\$52,238.00**

## Balance Sheet

### Assets:

Cash	\$ 50.00
Cash in Bank	16,824.57
Certificate of Deposit	7,000.00
Interest Added to C.D.	657.60
Building	50,317.50
Accumulated Depreciation	(21,111.28)
	\$53,738.39

### **Liabilities and Balances:**

Balance April 30, 2009	\$52,238.00
Interest -NOT PAID	657.60
Accrued Payroll Taxes	296.66
Accrued Sales Tax	546.13
	<u>\$53,738.39</u>

**Certificate of Deposit Information:**

Central National Bank - \$7,657.60

18 month C.D. paying 3.25% and can be bumped up once

Matures December 21, 2009

Et Cetera Shop  
May 31, 2009

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$8,128.32	\$37,262.22
C.D. Interest	114.26	163.29
Donations	7.15	200.10
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	<u>153.00</u>	<u>153.00</u>
<b>TOTAL RECEIPTS:</b>	<b>\$8,402.73</b>	<b>\$40,742.58</b>

**Monthly Expenses**

**Yearly Expenses**

**Disbursements:**

Sent to MCC	4,000.00	25,000.00
Sent to Main Street Ministries	1,000.00	1,000.00

**Operating Expenditures:**

Managers Salary	2,062.50	9,962.50
Accounting Fee	100.00	500.00
Payroll Taxes	0.00	959.11
Supplies	17.02	319.73
Utilities	510.91	3,558.93
Repairs	8,473.15	8,473.15
New Shelving	0.00	4,007.62
Advertising	14.77	68.67
Insurance	0.00	794.00
Miscellaneous	<u>9.00</u>	<u>319.09</u>

**TOTAL EXPENSES:** \$16,187.35 \$54,962.80

**Net Income (Loss)** (7,784.62) (14,220.22)

**Balance April 30, 2009** 52,238.00 58,673.60

**Add Net Gain (Loss)** (7,784.62) (14,220.22)

**Balance May 31, 2009** \$44,453.38 \$44,453.38

**Balance Sheet**

**Assets:**

Cash	\$ 50.00
Cash in Bank	9,328.63
Certificate of Deposit	7,000.00
Interest Added to C.D.	657.60
Building	50,317.50
Accumulated Depreciation	<u>(21,111.28)</u>
	<b>\$46,242.45</b>

**Liabilities and Balances:**

Balance May 31, 2009	\$44,453.38
Interest –NOT PAID	657.60
Accrued Payroll Taxes	538.10
Accrued Sales Tax	<u>593.37</u>
	<b>\$46,242.45</b>

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60

18 month C.D. paying 3.25% and can be bumped up once

Matures December 21, 2009

Et Cetera Shop  
June 30, 2009

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$8,118.36	\$45,380.58
C.D. Interest	0.00	163.29
Donations	38.54	238.64
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	0.00	153.00
<b>TOTAL RECEIPTS:</b>	<b>\$8,156.90</b>	<b>\$48,899.48</b>

**Monthly Expenses**

**Yearly Expenses**

Disbursements:		
Sent to MCC	4,000.00	29,000.00
Sent to Main Street Ministries	0.00	1,000.00
 Operating Expenditures:		
Managers Salary	2,150.00	12,112.50
Accounting Fee	100.00	600.00
Payroll Taxes	0.00	959.11
Supplies	398.76	718.49
Utilities	340.28	3,899.21
Repairs	333.38	8,806.53
New Shelving	0.00	4,007.62
Advertising	54.77	123.44
Insurance	0.00	794.00
Miscellaneous	<u>0.00</u>	<u>319.09</u>
<b>TOTAL EXPENSES:</b>	<b>\$7,377.19</b>	<b>\$62,339.99</b>
 Net Income (Loss)	779.71	(13,440.51)
 Balance May 31, 2009	44,453.38	58,673.60
 Add Net Gain (Loss)	779.71	(13,440.51)
 Balance June 30, 2009	\$45,233.09	\$45,233.09

**Balance Sheet**

Assets:		Liabilities and Balances:	
Cash	\$ 50.00	Balance June 30, 2009	\$45,233.09
Cash in Bank	10,355.73	Interest –NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	786.23
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>592.63</u>
Building	50,317.50		<u>\$47,269.55</u>
Accumulated Depreciation	<u>(21,111.28)</u>		
	<u>\$47,269.55</u>		

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
July 31, 2009

**Summary of Income and Expenses**

<b>Receipts:</b>	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$10,518.36	\$55,898.94
C.D. Interest	0.00	163.29
Donations	45.78	284.42
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	0.00	153.00
<b>TOTAL RECEIPTS:</b>	<b>\$10,564.14</b>	<b>\$59,463.62</b>

**Monthly Expenses**

<b>Disbursements:</b>	<u>Yearly Expenses</u>
Sent to MCC	34,000.00
Sent to Main Street Ministries	1,000.00

**Operating Expenditures:**

Managers Salary	2,262.50	14,375.00
Accounting Fee	100.00	700.00
Payroll Taxes	498.18	1,457.29
Supplies	167.18	885.67
Utilities	391.96	4,291.17
Repairs	402.25	9,208.78
New Shelving	0.00	4,007.62
Advertising	104.12	227.56
Insurance	0.00	794.00
Miscellaneous	<u>177.64</u>	<u>496.73</u>
<b>TOTAL EXPENSES:</b>	<b>\$9,103.83</b>	<b>\$71,443.82</b>

Net Income (Loss)	1,460.31	(11,980.20)
-------------------	----------	-------------

Balance June 30, 2009	45,233.09	58,673.60
-----------------------	-----------	-----------

Add Net Gain (Loss)	1,460.31	(11,980.20)
---------------------	----------	-------------

Balance July 31, 2009	\$46,693.40	\$46,693.40
-----------------------	-------------	-------------

**Balance Sheet**

<b>Assets:</b>		<b>Liabilities and Balances:</b>	
Cash	\$ 50.00	Balance July 31, 2009	\$46,693.40
Cash in Bank	11,581.77	Interest –NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	376.75
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>767.84</u>
Building	50,317.50		<u>\$48,495.59</u>
Accumulated Depreciation	<u>(21,111.28)</u>		
	\$48,495.59		

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
August 31, 2009

Summary of Income and Expenses		
	<u>Current Month</u>	<u>Year to Date</u>
<b>Receipts:</b>		
Sales of Donated Goods	\$9,340.33	\$65,239.27
C.D. Interest	0.00	163.29
Donations	38.45	322.87
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	0.00	<u>153.00</u>
<b>TOTAL RECEIPTS:</b>	<b>\$9,378.78</b>	<b>\$68,842.40</b>

	<u>Monthly Expenses</u>	<u>Yearly Expenses</u>
<b>Disbursements:</b>		
Sent to MCC	6,000.00	40,000.00
Sent to Main Street Ministries	500.00	1,500.00
<b>Operating Expenditures:</b>		
Managers Salary	2,465.00	16,840.00
Accounting Fee	100.00	800.00
Payroll Taxes	0.00	1,457.29
Supplies	343.62	1,229.29
Utilities	514.32	4,805.49
Repairs	0.00	9,208.78
New Shelving	0.00	4,007.62
Advertising	49.00	276.56
Insurance	0.00	794.00
Miscellaneous	<u>100.00</u>	<u>596.73</u>
<b>TOTAL EXPENSES:</b>	<b>\$10,071.94</b>	<b>\$81,515.76</b>
Net Income (Loss)	(693.16)	(12,673.36)
Balance July 31, 2009	46,693.40	58,673.60
Add Net Gain (Loss)	(693.16)	(12,673.36)
Balance August 31, 2009	<b>\$46,000.24</b>	<b>\$46,000.24</b>

**Balance Sheet**

Assets:		Liabilities and Balances:	
Cash	\$ 50.00	Balance August 31, 2009	\$46,000.24
Cash in Bank	11,090.85	Interest –NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	664.98
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>681.85</u>
Building	50,317.50		<u>\$48,004.67</u>
Accumulated Depreciation	<u>(21,111.28)</u>		
	<b>\$48,004.67</b>		

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
September 30, 2009

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$10,234.03	\$75,473.30
C.D. Interest	0.00	163.29
Donations	62.46	385.33
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	<u>0.00</u>	<u>153.00</u>
<b>TOTAL RECEIPTS:</b>	<b>\$10,296.49</b>	<b>\$79,138.89</b>

**Monthly Expenses**

**Yearly Expenses**

**Disbursements:**

Sent to MCC	6,000.00	46,000.00
Sent to Main Street Ministries	0.00	1,500.00

**Operating Expenditures:**

Managers Salary	2,442.50	19,282.50
Accounting Fee	100.00	900.00
Payroll Taxes	0.00	1,457.29
Supplies	41.01	1,270.30
Utilities	493.05	5,298.54
Repairs	000	9,208.78
New Shelving	0.00	4,007.62
Advertising	14.70	291.26
Insurance	1,004.00	1,798.00
Miscellaneous	<u>100.00</u>	<u>696.73</u>
<b>TOTAL EXPENSES:</b>	<b>\$10,195.26</b>	<b>\$91,711.02</b>

Net Income (Loss)	101.23	(12,572.13)
Balance August 30, 2009	46,000.24	58,673.60
Add Net Gain (Loss)	101.23	(12,572.13)
<b>Balance September 30, 2009</b>	<b>\$46,101.47</b>	<b>\$46,101.47</b>

**Balance Sheet**

**Assets:**

Cash	\$ 50.00
Cash in Bank	11,543.83
Certificate of Deposit	7,000.00
Interest Added to C.D.	657.60
Building	50,317.50
Accumulated Depreciation	<u>(21,111.28)</u>
	<b>\$48,457.65</b>

**Liabilities and Balances:**

Balance September 30, 2009	\$46,101.47
Interest –NOT PAID	657.60
Accrued Payroll Taxes	951.49
Accrued Sales Tax	<u>747.09</u>
	<b>\$48,457.65</b>

**Certificate of Deposit Information:**

Central National Bank -- \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
October 31, 2009

Summary of Income and Expenses		
	<u>Current Month</u>	<u>Year to Date</u>
<b>Receipts:</b>		
Sales of Donated Goods	\$10,530.03	\$86,003.33
C.D. Interest	0.00	163.29
Donations	183.18	568.51
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	0.00	153.00
<b>TOTAL RECEIPTS:</b>	<u>\$10,713.21</u>	<u>\$89,852.10</u>

	<u>Monthly Expenses</u>	<u>Yearly Expenses</u>
<b>Disbursements:</b>		
Sent to MCC	6,000.00	52,000.00
Sent to Main Street Ministries	0.00	1,500.00
<b>Operating Expenditures:</b>		
Managers Salary	2,472.50	21,755.00
Accounting Fee	100.00	1,000.00
Payroll Taxes	571.42	2,028.71
Supplies	65.71	1,336.01
Utilities	378.70	5,677.24
Repairs	000	9,208.78
New Shelving	0.00	4,007.62
Advertising	44.59	335.85
Insurance	0.00	1,798.00
Miscellaneous	<u>648.00</u>	<u>1,344.73</u>
<b>TOTAL EXPENSES:</b>	<u>\$10,280.92</u>	<u>\$101,991.94</u>
Net Income (Loss)	432.29	(12,139.84)
Balance September 30, 2009	46,101.47	58,673.60
Add Net Gain (Loss)	432.29	(12,139.84)
<b>Balance October 31, 2009</b>	<b>\$46,533.76</b>	<b>\$46,533.76</b>

**Balance Sheet**

<b>Assets:</b>		<b>Liabilities and Balances:</b>	
Cash	\$ 50.00	Balance October 31, 2009	\$46,533.76
Cash in Bank	11,523.05	Interest –NOT PAID	657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes	476.80
Interest Added to C.D.	657.60	Accrued Sales Tax	<u>768.71</u>
Building	50,317.50		<u>\$48,436.87</u>
Accumulated Depreciation	<u>(21,111.28)</u>		
	<u>\$48,436.87</u>		

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
November 30, 2009

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$9,151.16	\$95,154.49
C.D. Interest	0.00	163.29
Donations	19.19	587.70
Property Tax Refund	0.00	2,963.97
Zurich – Insurance Refund	<u>0.00</u>	<u>153.00</u>
<b>TOTAL RECEIPTS:</b>	<b>\$9,170.35</b>	<b>\$99,022.45</b>

**Monthly Expenses**      **Yearly Expenses**

Disbursements:		
Sent to MCC	6,000.00	58,000.00
Sent to Main Street Ministries	1,000.00	2,500.00
 Operating Expenditures:		
Managers Salary	2,412.50	24,167.50
Accounting Fee	100.00	1,100.00
Payroll Taxes	0.00	2,028.71
Supplies	57.32	1,393.33
Utilities	394.01	6,071.25
Repairs	45.00	9,253.78
New Shelving	0.00	4,007.62
Advertising	0.00	335.85
Insurance	0.00	1,798.00
Miscellaneous	<u>18.00</u>	<u>1,362.73</u>
<b>TOTAL EXPENSES:</b>	<b>\$10,026.83</b>	<b>\$112,018.77</b>
 Net Income (Loss)	(856.48)	(12,996.32)
 Balance October 31, 2009	46,533.76	58,673.60
 Add Net Gain (Loss)	(856.48)	(12,996.32)
 Balance November 30, 2009	<b>\$45,677.28</b>	<b>\$45,677.28</b>

**Balance Sheet**

Assets:		Liabilities and Balances:
Cash	\$ 50.00	Balance November 30, 2009      \$45,677.28
Cash in Bank	10,850.12	Interest –NOT PAID      657.60
Certificate of Deposit	7,000.00	Accrued Payroll Taxes      761.02
Interest Added to C.D.	657.60	Accrued Sales Tax      668.04
Building	50,317.50	
Accumulated Depreciation	<u>(21,111.28)</u>	
	\$47,763.94	\$47,763.94

**Certificate of Deposit Information:**

Central National Bank – \$7,657.60  
18 month C.D. paying 3.25% and can be bumped up once  
Matures December 21, 2009

Et Cetera Shop  
December 31, 2009

**Summary of Income and Expenses**

Receipts:	<u>Current Month</u>	<u>Year to Date</u>
Sales of Donated Goods	\$8,838.02	✓ \$103,992.51
C.D. Interest	1,033.96	✓ 1,197.25
C.D. Withdrawal	8,000.00	8,000.00
Donations	27.75	✓ 615.45
Property Tax Refund	0.00	✓ 2,963.97
Zurich – Insurance Refund	0.00	153.00
<b>TOTAL RECEIPTS:</b>	<b>\$17,899.73</b>	<b>\$116,922.18</b>

**Monthly Expenses**

**Yearly Expenses**

Disbursements:		
Sent to MCC	6,000.00	64,000.00
Sent to Main Street Ministries	0.00	2,500.00
 Operating Expenditures:		
Managers Salary	2,507.50	26,675.00 ✓
Accounting Fee	100.00	1,200.00 ✓
Payroll Taxes	0.00	2,028.71 ✓
Supplies	116.54	1,509.87 ✓
Utilities	580.64	6,651.89 ✓
Repairs	0.00	9,253.78 ✓
New Shelving	0.00	4,007.62 ✓
Advertising	44.10	379.95 ✓
C.D. Purchase	8,000.00	8,000.00
Insurance	0.00	1,798.00 ✓✓
Miscellaneous	<u>596.17</u>	<u>1,958.90</u> ✓✓
<b>TOTAL EXPENSES:</b>	<b>\$17,944.95</b>	<b>\$129,963.72</b>
 Net Income (Loss)	(45.22)	(13,041.54)
 Balance November 30, 2009	45,677.28	58,673.60
 Add Net Gain (Loss)	(45.22)	(13,041.54)
 Balance December 31, 2009	<b>\$45,632.06</b>	<b>\$45,632.06</b>

**Balance Sheet**

Assets:		Liabilities and Balances:	
Cash	\$ 50.00	Balance December 30, 2009	\$45,632.06
Cash in Bank	10,073.52	Accrued Payroll Taxes	1,052.50
Certificate of Deposit	8,000.00	Accrued Sales Tax	<u>645.18</u>
Building	50,317.50		<u>\$47,329.74</u>
Accumulated Depreciation	<u>(21,111.28)</u>		
	<b>\$47,329.74</b>		

**Certificate of Deposit Information:**

Emprise Bank -- \$8,000.00  
12 month C.D. paying 1.21%  
Matures December 21, 2010

CENTRAL NATIONAL BANK  
802 N WASHINGTON  
PO BOX 700  
JUNCTION CITY KS 66441-0700  
1-888-262-5456

Payer's  
Fed I.D. No.  
48-1174053

OMB No. 1545-0112  
Interest Income  
Form 1099-INT  
Copy B  
For Recipient  
For year 2009

HILLSBORO ET CETERA SHOP INC  
109 N MAIN ST  
HILLSBORO KS 67063-1138

Recipient's  
Tax I.D. No.  
48-1025132

Account Information	Interest Income	Interest on U.S. Bonds & Treas	Federal Tax Withheld
*-----*	*-----*	*-----*	*-----*
6903082 T	252.68		

BOX 1 Interest income. . . . .	252.68
BOX 2 Early withdrawal penalty . . . . .	
BOX 3 Interest on U.S. Savings Bonds and Treas. obligations. . . . .	
BOX 4 Federal income tax withheld. . . . .	
BOX 5 Investment expenses. . . . .	
BOX 6 Foreign Tax paid . . . . .	
BOX 7 Foreign country or U.S. Possession . . . . .	
BOX 8 Tax-exempt interest. . . . .	
BOX 9 Specified private activity bond interest . . . . .	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(KEEP FOR YOUR RECORDS.)