

# 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-EZ** 

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

The groadization may have to use a copy of this return to satisfy state reporting requirements.

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

OMB No 1545-1150

2011

Open to Public Inspection

				year, or tax year beginning	<u>,</u> 2011, and en	ding			, 20
	$\mathbf{B}_{\mathbf{a}}^{C}$	Check if pplicable		C Name of organization			D Emplo	yer iden	tification number
		ddress c		42-1232855					
	$\prod_{i}$	lame char	nge	ephone number					
	П <sub>і</sub> ,	nitial retur	'n	Number & street (or P O. box, if mail is not delivered	,	Room/ suite	]		
	Пт	erminated	t	PO BOX 289			l	(71	2)527-9238
	ΠΔ	mended r	return	City or town, state or country, and ZIP + 4	<del></del>	-	F Group		
	MA	pplication ending	1	Glenwood IA 51534			Numbe	-	
			ng Method	X Cash Accrual Other (specify) ▶		НС			anization is not
	1.	Nebsit	te:▶ N/A			- 1	equired to a		
	J 7	ax-exe	mpt status (ch	neck only one) X 501(c)(3)   501(c)( ) ◀ (insert no )	4947(a)(1) or 5	- 1	Form 990, 9		
			<del></del>	nization is not a section 509(a)(3) supporting organization					
			-	A Form 990-EZ or Form 990 return is not required th		_		•	•
				chooses to file a return, be sure to file a complete retur	_	<b>\</b> 1	, ,	•	,
	L /	Add line:	s 5b, 6c, and 7	7b, to line 9 to determine gross receipts. If gross receip	ts are \$200,000	or more.	or if total as	sets (Pa	rt II.
				low) are \$500,000 or more, file Form 990 instead of Fo				▶ \$	98,851
		art I		Expenses, and Changes in Net Assets of					
				organization used Schedule O to respond to any que					. 🔯
ur I		1		s, gifts, grants, and similar amounts received				1	26,522
207		2		vice revenue including government fees and contracts			•	2	61,706
		3		dues and assessments .				3	
•		4	Investment in			•	•	4	<del></del>
<b>≠</b>		5a	Gross amour	nt from sale of assets other than inventory	5a				<del></del>
$\leq$		ь	Less cost or		1 1				
	R	С		) from sale of assets other than inventory (Subtract line		5c			
	REVENU	6	Gaming and	-		<del></del>			
Ų,	Ě	1	Gross income						
£	N		\$15,000) .		. 6a				
₹	Ĕ	ь		e from fundraising events (not including \$		contribut	tions		
SCANNED				sing events reported on line 1) (attach Schedule G if th	e				
90		1		gross income and contributions exceeds \$15,000)	6b				
		C		expenses from gaming and fundraising events	6c			1	
		1		or (loss) from gaming and fundraising events (add lines	s 6a and 6b and	subtract		1 1	
		- {	line 6c)					6d	
		7a	Gross sales o	of inventory, less returns and allowances	.   7a				<del></del>
		b	Less cost of	goods sold	, 7b				
				or (loss) from sales of inventory (Subtract line 7b from I	line 7a)		<u> </u>	7c	
		8	Other revenu	ie (describe in Schedule O)	., .			8	10,623
		9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. >	9	98,851
		10		ımılar amounts paid (list in Schedule O)				10	
	_	11	Benefits paid	to or for members	RECE!	VFD		11	
	X	12	Salaries, othe	er compensation, and employee benefits		<u> </u>	اير <del>ر</del>	12	
	P	13	Professional f	fees and other payments to independent contractors	BABV 4 A	2042	181	13	100
	N	14	Occupancy, r	fees and other payments to independent contractors rent, utilities, and maintenance	MAY 1 4	2012		14	15,357
	EXPERSES	15		lications, postage, and shipping			اکال	15	1,201
	S	16	• .	ses (describe in Schedule O)	OGDEN	1 117	-=	16	34,219
		17	•	ses. Add lines 10 through 16		<u> </u>	◄ لِــ	17	50,877
		18		eficit) for the year (Subtract line 17 from line 9).	•			18	47,974
	N S	19		fund balances at beginning of year (from line 27, colu	ımn (A)) (must ad	gree with	l		<del> </del>
	ES			figure reported on prior year's return)		_		19	213,089
	NET	20	-	es in net assets or fund balances (explain in Schedule	O) ,			20	
	S	21	_	fund balances at end of year. Combine lines 18 throu	-		. •	21	261,063

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2011)

P	art II Balance Sheets. (see the instructions for Part II )					
t	Check if the organization used Schedule O to respond to any or	guestion in th	his Part II			. [
_		· <del>'</del>		nning of year	Τ	(B) End of year
22	Cash, savings, and investments			6,079	22	133,193
23	Land and buildings		12	2,500	23	122,500
.24	Other assets (describe in Schedule O)			5,000	24	6,388
25	Total assets		21	3,579	25	262,081
26	Total liabilities (describe in Schedule O)			490	26	1,018
27	Net assets or fund balances (line 27 of column (B) must agree with	line 21)	21	3,089	27	261,063
	Statement of Program Service Accomplishment Check if the organization used Schedule O to respond to any at is the organization's primary exempt purpose? See attachm	question in		for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section
Des	scribe the organization's program service accomplishments for each of it measured by expenses. In a clear and concise manner, describe the sersons benefited, and other relevant information for each program title	ts three large rvices provid	est program ded, the num	services, iber of		4947(a)(1) trusts, optional for others )
28						
	(Grants \$ ) If this amount includes foreign grain	nts, check h	ere ,	<b>•</b>	28a	
29						
	(Grants \$ ) If this amount includes foreign grain	nts check h	ere		29a	
30	(Crains \$ ) if this amount includes loreign gran	III.S, CHECK II	<u> </u>		290	<u> </u>
21	(Grants \$ ) If this amount includes foreign grain Other program services (describe in Schedule O)	nts, check h	ere .	<b>&gt;</b>	30a	1
31	(Grants \$ ) If this amount includes foreign grain	nte chack h	oro		312	
32	Total program service expenses (add lines 28a through 31a)	ino, check in	010		32	<del>                                       </del>
	Art IV List of Officers, Directors, Trustees, and Key Employees.	⊔st each one	e even if not	compensated (		<del></del>
Line	Check if the organization used Schedule O to respond to any			, , , , , ,		[
	(a) Name and address (b) Title and Average hours per week devoted to position	(c) Rep comps (Form W-2	ortable ensation /1099 MISC) I, enter -0-)	(d) Health bene Contributions employee benefit	fits, s to plans &	(e) Estimated amount of other compensation
Se	ee attachment #2	(ii not paid	i, citei -o-j	deferred compe	sation	
			<del></del>			
					-	
			<del></del>			
_			<del>,</del>			
			<del></del> -			
					<del> </del>	
		,				
JVA	11 990EZ2 TWF 990 Copyright Forms (Software Only) - 2011 TW					Form 990-EZ (2011)

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
_	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	L	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25-	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			١,,
<b>h</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ļ	X
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	X
·	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	25-		\
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c	<del> </del>	X
00	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a		30	ļ	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/10		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	300	ļ	
39	Section 501(c)(7) organizations Enter	-{		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	┪		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		1	ļ.
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			<del></del>
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			ŀ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			ŀ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ŀ		1
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
	Located at ► ZIP + 4 ►			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
40	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			► L
	and enter the amount of tax-exempt interest received or accrued during the tax year .   43			-
440	Did the exceptation maintain any denor educed funds during the user of 15 (1)/ce il Farm one must be	F	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
<b>L</b>	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			.,
_	completed instead of Form 990-EZ	44b		X
q	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 446, has the organization filed a Form 700 to report these neuments? If "Ne" provide an	44c		X
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
152		44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļI	X
	Did the organization receive ant payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	AEL		v
	Torritodo Ez (dea inditadiona)	45b	ı I	X

1011	1990-62	(2011)			·					age 🕶
	D 1.11							F	Yes	No
46		organization engage, directly or indirect	• • •	_	ctivities on behalf of	or in opposition		46		- <del>V</del>
Da	rt VI	dates for public office? If "Yes," comple						46		_X
1.0	,	Section 501(c)(3) organization 501(c)(3) organizations and section 4 and 52, and complete the tables for	1947(a)(1) nonexem					s only. A	di secti	on
<u>.</u> 1		Check if the organization used Sche-	dule O to respond t	to any d	question in this Part \	<b>/</b> I				Γ
	· ·	<u> </u>	·		<u>'</u>			·	Yes	No
47		organization engage in lobbying activiti "Yes," complete Schedule C, Part II	es or have a sectio	n 501(h	n) election in effect di	uring the tax		47		Х
48		ganization a school as described in se	ction 170(b)(1)(A)(ii	)? If "Y	es," complete Sched	ule E.		48		X
49a	Did the	organization make any transfers to an e	exempt non-charita	ble rela	ited organization?			49a		Х
b	If "Yes,"	was the related organization a section	527 organization?					49b		Х
50	Comple	te this table for the organization's five h	iighest compensate	d empl	oyees (other than of	ficers, directors	trustees ar	nd key		
	employe	ees) who each received more than \$10						e "		
	(	a) Name and title of each employee	(b) Title and A hours per w		(C) Reportable compensation (Forms	(d) Health beni utions to employee		(e) Estim		
		paid more than \$100,000	devoted to po		W-2/1099-MISC)	and deferred cor		other co	mpensa	ation
NOI	NE									
		<del></del>		<u> </u>						
					I					
f	Total nu	mber of other employees paid over \$1	00,000			L		<del></del>		
51	Comple	te this table for the organization's five h	 ahest compensate	ed inder	endent contractors	who each recei	ved more tl	nan		
		0 of compensation from the organization								
(a)	Name and	address of each independent contractor paid	more than \$100,000		(b) Type of service		(c) c	ompensatio	n	
									···	
ПОИ	NE									
		· ·			· · · · · · · · · · · · · · · · · · ·	<del></del>				
		-								
	-									
d	Total nu	mber of other independent contractors	each receiving over	er \$100	,000	<b>,</b>				
52	Did the	organization complete Schedule A? <b>No</b>	te: All section 501(	c)(3) or	ganizations and 494	7(a)(1)				
	nonexer	npt charitable trusts must attach a com	pleted Schedule A				<u></u>	► X Ye	s	No
		of perjury, I declare that I have examined this r					of my knowle	dge and be	hef, it is	
true, c	orrect, and	complete Declaration of preparer (oth) than	office) is based on all	informat	ion of which preparer ha	as any knowledge				
Sigr	,	Berlary F) +	Jumen					3-	9-	<u> </u>
Her	į į	Signature of officer						Date		
Hen		Darpara 4. F	alman,	1/6	asurer					
		Type or print name and title			)	<del></del>		l	······································	
Paid	,	Print/Type preparer's name	repayer's signature	1	Pombe 5-9	Che-	_	PTIN		
	parer	Natherine Lacember  Firm's name Office 1601	yainun	r fle	Compe 32/		- employed	1		
'	only	Firm's name ►Office 1601 Firm's address ► 406 S LOCUS	<del>у</del> Т			Pho	's EIN ▶	2-527-	9993	
		iscuss this return with the preparer sho		struction	ns	[ F 101	16 10 / 12	<u> </u>		No
<u>∽</u> y	u	Dioparoi Sile	, 0.500 000 1110			<del></del>		~ µ1 10		1.17

# **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		l the organizati כ רבוואידיא	ion 7 STOREHOUSI	7				1	Employer 2-123	Identificat	tion nur	nber		
Pa			<del></del>	ity Status (All organ		unt namel	oto thio no			2033				
	_			ecause it is: (For lines					siruciions_					
1	Ň			r association of churche	_		-	-						
2	Н			)(1)(A)(ii). (Attach Sche		ou iii <b>oco</b> .		( · //~/(·)·						
3	Н	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,													
7	Ч	city, and state	aich organization ope	rated in conjunction wi	iii a nospii	iai describ	eu in seci	1011 170(D)	<u>ң тусмуни</u> у.	. Enter the	позрна	s name,		
5		An organization	n operated for the ber	efit of a college or univ	ersity own	ed or ope	rated by a	governme	ntal unit c	lescribed i	n sectio	n		
6	П			or governmental unit o	described i	n 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	П	A community ti	rust described in <b>secti</b>	on 170(b)(1)(A)(vi). (C	omplete P	art II )								
9	X			s (1) more than 33 1/3			m contribu	itions, mer	nbership 1	fees, and o	aross			
				exempt functionssubj										
		support from g	ross investment incon	ne and unrelated busin	ess taxable	e income (	less sectio	n 511 tax)	from bus	inesses				
		acquired by the	e organization after Ju	ne 30, 1975 See section	on 509(a)(	<b>2).</b> (Comp	lete Part II	1)						
10		An organization	n organized and opera	ated exclusively to test	for public s	safety See	section :	509(a)(4).						
11	П			ated exclusively for the					to carry o	ut the				
	_	purposes of or	ne or more publicly su	oported organizations of	described	in section	509(a)(1) o	or section	509(a)(2).	See section	on			
		509(a)(3). Che	ck the box that describ	oes the type of support	ting organi	zation and	i complete	lines 11e	through 1	<b>1</b> h.				
		a ∏ Type I	<b>b</b>	ell c 🗍 🗆	Type III-Fu	inctionally	ıntegrated		d ∏ -	Type III-O	ther			
е		By checking th	is box, I certify that the	e organization is not co	ntrolled di	rectly or in	directly by	one or me						
	_			gers and other than on							ion			
		509(a)(1) or se	ction 509(a)(2)											
f		If the organizat	on received a written	determination from the	IRS that i	t is a Type	I. Type II	or Type III	supportin	ıa				
		organization, cl				•	, ,,	,,,,,,						
g		Since August 1 following perso		nization accepted any o	gift or cont	ribution fro	om any of	the				Ĺ		
		(i) A person w	ho directly or indirectly	y controls, either alone	or togethe	er with per	sons desc	ribed in (ii	)		Γ	Yes No		
				dy of the supported org	-	-		,	•	[·	11g(i)	X		
		(ii) A family me	ember of a person des	scribed in (i) above?						. 1	1g(ii)	X		
		(iii) A 35% con	trolled entity of a person	on described in (i) or (i	ı) above?					. 1	1g(iii)	X		
h		Provide the foll	owing information abo	ut the supported organ	nızatıon(s)					_	_انــــــــــــــــــــــــــــــــــــ			
						•			(vi)	Is the				
(I) N		of supported	(II) EIN	(iii) Type of organization	(IV) Is the	organization	(V) Did yo	u notify the		on in col (i)	i	mount of		
	org	anization		(described on lines 1-9 above or IRC section	in col (i) li	stea in your document?		nincoi (I) support?		ed in the	Su	pport		
				(see instructions))					U	S.?				
					Yes	No	Yes	No	Yes	No	]			
					}		1							
					1									
Tota	ı			1	1				-		4			

JVA

### 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support			<del></del>			
Cai	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
۱ ۱	Gifts, grants, contributions, and		1		<b>\</b>		
	membership fees received (Do not						
	include any "unusual grants")	47,604	32,485	51,494	32,997	26,522	191,102
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.	31,450	38,197	43,728	40,318	61.706	215.399
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	Total. Add lines 1 through 5	79,054	70,682	95,222	73,315	88.228	406.501
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from						<u> </u>
	other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year ,						
c	Add lines 7a and 7b						
8_	Public support (Subtract line 7c from line 6)						406,501
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	79,054	70,682	95,222	73.315	88,228	406,501
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	703	11	<del> </del>			714
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	A 1.11 AA 1.401	703	11	-			714
11	Net income from unrelated business	703	_ 11				/14
••	activities not included in line 10b,						
	whether or not the business is regularly carried on						
40				<b>-</b>	+	1	
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)					10,623	10,623
13	Total support. (Add lines 9, 10c, 11, and 12)	79,757	70.693	95,222	73,315	98,851	417,838
14	First five years. If the Form 990 is for the or organization, check this box and stop here	rganızatıon's fırs	st, second, third,	fourth, or fifth te	ux year as a sect	ion 501(c)(3)	▶ [
Sec	tion C. Computation of Public Sup	port Perce	ntage				
15	Public support percentage for 2011 (line 8, c	olumn (f) dıvıd	ed by line 13, co	lumn (f))	•	15	97.29 %
16_	Public support percentage from 2010 Sched					16	99.40 %
Sec	tion D. Computation of Investmen	t Income P	ercentage		·		
17	Investment income percentage for 2011 (line	e 10c, column (	f) divided by line	13, column (f))		17	0.17 %
18	Investment income percentage from 2010 Se					18	0.60 %
19a	33 1/3 % support tests 2011. If the organ						
	not more than 33 1/3 %, check this box and		-	•		=	<b>▶</b>
b	33 1/3 % support tests 2010. If the organ						1
				,	-		auon 🕨
20	line 18 is not more than 33 1/3 %, check this <b>Private foundation.</b> If the organization did r	box and stop	<b>here.</b> The organ	zation qualifies	as a publicly sup	oported organiza	

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 Also complete this part for any additional information (See instructions)

LINE #12

HAIL INSURANCE RECOVERY

JVA

#### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization MILLS COUNTY STOREHOUSE

**Employer identification number** 

42-1232855

LINE #8 HAIL INSURANCE RECOVERY

LINE #16

REFUSE REMOVAL 2053.50

PEST CONTROL 648.70

STORAGE RENT 2400.00

FOOD PANTRY 16456.34

SUPPLIES 3040.08

VOLUNTEER EXPENSE 4752.66

INSURANCE 2470.00

OPERATION SANTA 2397.41

## 990 PRIMARY EXEMPT PURPOSE

Open to Public Inspection For calendar year 2011 or tax period beginning , and ending	
Name of Organization Employer Identification 42-1232855	on Number
Primary Purpose	
FOOD PANTRY: PROVIDING FOOD FOR NEEDY FAMILIES OPERATION SANTA: PR GIFTS AND FOOD TO NEEDY FAMILYS	OVIDING

JVA

## 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV Open to Public Inspection For calendar year 2011 or tax period beginning and ending Name of Organization **Employer Identification Number** MILLS COUNTY STOREHOUSE 42-1232855 (B) Average hours per (A) Name and Title (C) Compensation (D) Cont to employee (E) Expense account week devoted to (Form W-2/1099-MISC) ben plans & def comp & other compensation (if not paid, enter -0-) WILMA RING CHAIRMAN 110 CHESTNUT ST 20.00 Glenwood, IA 51534 0 0 0 BARBARA KAIMAN TREASURER 1711 TIMBERLANE 20.00 Glenwood, IA 51534 0 0 KATHY ROENFELD REC SECRETARY PO BOX 20.00 Silver City, IA 51571 0 0 0 TENITA GOY BOARD MEMBER 807 N LOCUST ST 20.00 Glenwood, IA 51534 0 0 VONNIE ESTERLING CORR 57301 220TH ST SECRETARY Glenwood, IA 51534 20.00 0 0 0 ALAINA MORGAN DHA LIASON 1008 2ND AVE 20.00 Malvern, IA 51551 0 0

# 990 BOOKS ARE IN CARE OF

Atta	chment	3 - 9	9 <u>90</u> -E2	Z Pa	ge	3, P	art V	7, Li	ne 42.	a			
Open Inspe	to Public ction	For calend									d ending		· · · · · · · · · · · · · · · · · · ·
MILL	of Organization		DREHOU	JSE									er Identification Number 232855
Part V -	- Line 42a												
10	ual Name r ss Name	• •	·						Barba	ra Ka	ıman		
Street A	ddress								PO Bo	x 289			
US Ad	dress												
	Zip code or Address	51534			City	Glen	wood				Sta	te <u>IA</u>	
	City ,										···		
	Province or	State ,		•									
	Country											٠.	
	Postal code												
	Phone Numl	ber .											(712)527-9238
	Fax Number												

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