

**Estes, Bridgewater & Ogden
901 S. Second St
Springfield, IL 62704
217-528-8473**

June 8, 2016

CONFIDENTIAL

MIDWEST MISSION DISTRIBUTION CENTER
1022 NEW CITY ROAD
CHATHAM, IL 62629

Dear Lloyd:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Estes, Bridgewater & Ogden

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning _____, and ending _____

37-1391589

MIDWEST MISSION DISTRIBUTION CENTER

Net Asset / Fund Balance at Beginning of Year		<u>2,477,547</u>
Revenue		
Contributions	<u>521,885</u>	
Program service revenue	<u> </u>	
Investment income	<u>94</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>521,979</u>
Expenses		
Program services	<u>380,335</u>	
Management and general	<u>72,149</u>	
Fundraising	<u>26,225</u>	
Total expenses		<u>478,709</u>
Excess / (deficit)		<u>43,270</u>
Changes		<u>-17,703</u>
Net Asset / Fund Balance at End of Year		<u>2,503,114</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>504,276</u>
Less:	
Unrealized gains	<u>-17,703</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>521,979</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>478,709</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>478,709</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,493,627</u>	<u>2,516,054</u>	
Liabilities	<u>16,080</u>	<u>12,940</u>	
Net assets	<u>2,477,547</u>	<u>2,503,114</u>	<u>25,567</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/16
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2015, or fiscal year beginning 2015, and ending 20

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization

MIDWEST MISSION DISTRIBUTION CENTER

Employer identification number

37-1391589

Name and title of officer

**LLOYD PETERSON
CHAIRPERSON**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	521,979
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **ESTES, BRIDGEWATER & OGDEN** to enter my PIN **91589** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **05/02/16**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

37131762704
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **05/02/16**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">MIDWEST MISSION DISTRIBUTION CENTER</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1022 NEW CITY ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">CHATHAM IL 62629</p>	D Employer identification number <p style="text-align: center;">37-1391589</p> E Telephone number <p style="text-align: center;">217-483-7911</p> G Gross receipts \$ 521,979
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F Name and address of principal officer: <p style="text-align: center;">LLOYD PETERSON 1022 NEW CITY ROAD CHATHAM IL 62629</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** **N/A** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1999** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO PROVIDE MATERIALS FOR VICTIMS OF NATURAL DISASTERS.</p>																								
	2 Check this box <input type="checkbox"/> u 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">3</td><td style="text-align: right;">25</td></tr> <tr><td>4</td><td style="text-align: right;">25</td></tr> <tr><td>5</td><td style="text-align: right;">15</td></tr> <tr><td>6</td><td style="text-align: right;">2249</td></tr> <tr><td>7a</td><td style="text-align: right;">0</td></tr> <tr><td>7b</td><td style="text-align: right;">0</td></tr> </table>	3	25	4	25	5	15	6	2249	7a	0	7b	0											
3	25																								
4	25																								
5	15																								
6	2249																								
7a	0																								
7b	0																								
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%; text-align: center;">Prior Year</th> <th style="width:10%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">8</td><td style="text-align: right;">468,667</td><td style="text-align: right;">521,885</td></tr> <tr><td style="text-align: right;">9</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">10</td><td style="text-align: right;">304</td><td style="text-align: right;">94</td></tr> <tr><td style="text-align: right;">11</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">12</td><td style="text-align: right;">468,971</td><td style="text-align: right;">521,979</td></tr> </tbody> </table>		Prior Year	Current Year	8	468,667	521,885	9	0	0	10	304	94	11	0	0	12	468,971	521,979					
	Prior Year	Current Year																							
8	468,667	521,885																							
9	0	0																							
10	304	94																							
11	0	0																							
12	468,971	521,979																							
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 26,225 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: right;">13</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">14</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">15</td><td style="text-align: right;">169,566</td><td style="text-align: right;">184,388</td></tr> <tr><td style="text-align: right;">16a</td><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">17</td><td style="text-align: right;">411,576</td><td style="text-align: right;">294,321</td></tr> <tr><td style="text-align: right;">18</td><td style="text-align: right;">581,142</td><td style="text-align: right;">478,709</td></tr> <tr><td style="text-align: right;">19</td><td style="text-align: right;">-112,171</td><td style="text-align: right;">43,270</td></tr> </tbody> </table>	13	0	0	14	0	0	15	169,566	184,388	16a	0	0	17	411,576	294,321	18	581,142	478,709	19	-112,171	43,270		
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%; text-align: center;">Beginning of Current Year</th> <th style="width:10%; text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">20</td><td style="text-align: right;">2,493,627</td><td style="text-align: right;">2,516,054</td></tr> <tr><td style="text-align: right;">21</td><td style="text-align: right;">16,080</td><td style="text-align: right;">12,940</td></tr> <tr><td style="text-align: right;">22</td><td style="text-align: right;">2,477,547</td><td style="text-align: right;">2,503,114</td></tr> </tbody> </table>		Beginning of Current Year	End of Year	20	2,493,627	2,516,054	21	16,080	12,940	22	2,477,547	2,503,114											
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20	2,493,627	2,516,054																							
21	16,080	12,940																							
22	2,477,547	2,503,114																							

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	Signature of officer <p style="text-align: center;">LLOYD PETERSON</p> Type or print name and title <p style="text-align: center;">CHAIRPERSON</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name LORI K. MILOSEVICH	Preparer's signature Date 06/08/16	Check <input type="checkbox"/> if self-employed	PTIN P00626782
	Firm's name } ESTES, BRIDGEWATER & OGDEN 901 S. SECOND ST Firm's address } SPRINGFIELD, IL 62704	Firm's EIN } 37-0265152 Phone no. 217-528-8473		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE MATERIALS FOR VICTIMS OF NATURAL DISASTERS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **380,335** including grants of \$) (Revenue \$)

TO PROVIDE SUPPLIES TO VICTIMS OF NATURAL OR MAN-MADE DISASTERS.

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 **u 380,335**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	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	X	
c	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		X
d	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	25		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization		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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **u IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**PAT WRIGHT
CHATHAM**

**PO BOX 56 1022 NEW CITY ROAD
IL 62629**

217-483-7911

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Former			
(1) DON ARCHAMBEAU	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) SANDY BITTNER	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) REV. CLAYTON COFFEY	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) REV. WESLEY DICKSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) DON FOWLER	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) BILL KIRCHOFF	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) JEFFEREY KOCH	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) CAROLE LILJEDAHL	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) NED NIEMEYER	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) LAVONNE PATTERSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) JAKE ROEMMICH	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Former			
(12) K. ROEMMICH	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) KYLE ROMINGER	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) RON SCHOBERT	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) JUDY SENA	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) REV. SUE THOMAS	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) PAT WRIGHT	40.00									
EXECUTIVE DIRECTOR	0.00			X			43,000	0	0	
(18) BECKY JENKINS	2.00									
PERSONNEL CHAIR	0.00			X			0	0	0	
(19) LON LABUMBARD	2.00									
BLDGS/GRNDS CHAIR	0.00			X			0	0	0	
1b Sub-total							43,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							43,000			

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Former			
(20) TANYA OBERG	2.00									
SECRETARY	0.00			X			0	0	0	
(21) LLOYD PETERSON	2.00									
CHAIRPERSON	0.00			X			0	0	0	
(22) REV. DAVID POWEL	2.00									
VICE CHAIRPERSON	0.00			X			0	0	0	
(23) HOLLY TAYLOR	2.00									
TREASURER	0.00			X			0	0	0	
(24) ROBERT TOM	2.00									
PUBLICITY CHAIR	0.00			X			0	0	0	
(25) DELBERTA TROUTMAN	2.00									
ENVISIONING CHAIR	0.00			X			0	0	0	
(26) MIKE KROST	2.00									
ENDOWMENT CHAIR	0.00			X			0	0	0	
1b Sub-total									u	
c Total from continuation sheets to Part VII, Section A									u	
d Total (add lines 1b and 1c)									u	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	521,885				
	g Noncash contributions included in lines 1a-1f:	\$	273,058				
	h Total. Add lines 1a-1f	u	521,885				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	94			94
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions.	u	521,979	0	0	94	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	43,000	34,400	4,300	4,300
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	127,151	101,721	12,715	12,715
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,237	11,389	1,424	1,424
11 Fees for services (non-employees):				
a Management				
b Legal	316	316		
c Accounting	4,800		4,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	154	154		
12 Advertising and promotion	686	686		
13 Office expenses	25,970	17,350	4,310	4,310
14 Information technology				
15 Royalties				
16 Occupancy	39,580	31,663	4,909	3,008
17 Travel	13,919	10,909	3,010	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,649		3,649	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,067	43,254	10,813	
23 Insurance	30,438	24,350	6,088	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DISASTER SUPPLIES	76,848	76,848		
b SUPPLIES	8,431	8,431		
c DUES & SUBSCRIPTIONS	7,387		7,387	
d VEHICLE REPAIR	5,796	4,637	1,159	
e All other expenses	22,280	14,227	7,585	468
25 Total functional expenses. Add lines 1 through 24e	478,709	380,335	72,149	26,225
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	60,662	1	63,012
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,923	4	7,048
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	677,022	8	702,075
	9	Prepaid expenses and deferred charges	1,390	9	6,403
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,001,960		
	b	Less: accumulated depreciation	10b 643,178	10c	1,358,782
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	368,873	12	378,734
	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)	2,493,627	16	2,516,054	
Liabilities	17	Accounts payable and accrued expenses	16,080	17	12,940
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	16,080	26	12,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,108,674	27	2,124,380
	28	Temporarily restricted net assets		28	32,091
	29	Permanently restricted net assets	368,873	29	346,643
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,477,547	33	2,503,114	
34	Total liabilities and net assets/fund balances	2,493,627	34	2,516,054	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	521,979
2	Total expenses (must equal Part IX, column (A), line 25)	2	478,709
3	Revenue less expenses. Subtract line 2 from line 1	3	43,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,477,547
5	Net unrealized gains (losses) on investments	5	-17,703
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,503,114

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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.	X	
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?		X
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.		

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MIDWEST MISSION DISTRIBUTION CENTER

Employer identification number

37-1391589

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total. 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 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. 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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	452,556	558,639	675,528	468,667	521,885	2,677,275
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	464	513				977
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	453,020	559,152	675,528	468,667	521,885	2,678,252
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,678,252

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	453,020	559,152	675,528	468,667	521,885	2,678,252
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	834	147	191	304	94	1,570
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	834	147	191	304	94	1,570
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	453,854	559,299	675,719	468,971	521,979	2,679,822

14 First five years. 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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

b 33 1/3% support tests—2014. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MIDWEST MISSION DISTRIBUTION CENTER

37-1391589

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MIDWEST MISSION DISTRIBUTION CENTER	Employer identification number 37-1391589
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST UNITED METHODIST CHURCH 2941 SOUTH KOKE MILL RD SPRINGFIELD IL 62711-9651	\$ 28,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED METHODIST CHURCH 401 E. BROADWAY STREET VIRGINIA IL 62691	\$ 5,256	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

MIDWEST MISSION DISTRIBUTION CENTER

37-1391589

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	368,873	336,957	253,632	217,893	190,554
b Contributions	36,386	38,036	36,956	21,372	20,605
c Net investment earnings, gains, and losses	2,741	32,425	63,289	19,011	10,546
d Grants or scholarships					
e Other expenditures for facilities and programs	29,266	38,545	16,920	4,644	3,812
f Administrative expenses					
g End of year balance	378,734	368,873	336,957	253,632	217,893

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** **100.00** %
 - c** Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,831,855	537,788	1,294,067
c Leasehold improvements		62,951	9,285	53,666
d Equipment		107,154	96,105	11,049
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,358,782**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other ENDOWMENT MONEY MARKET AND MUT	378,734	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	378,734	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	504,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-17,703	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-17,703	
3	Subtract line 2e from line 1	3	521,979	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	521,979	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	478,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	478,709	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	478,709	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MIDWEST MISSION DISTRIBUTION CENTER

Employer identification number

37-1391589

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u (DISASTER SUPPLY)	X	1	273,058	FMV OF ITEMS DONATED
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

ITEMS INCLUDE SCHOOL SUPPLIES, BATHROOM SUPPLIES, CLEANING SUPPLIES, AND EQUIPMENT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MIDWEST MISSION DISTRIBUTION CENTER

37-1391589

FORM 990, PART I, LINE 6

**VOLUNTEERS PROVIDE SERVICES SUCH AS; WOODWORKING, EQUIPMENT REPAIR,
BUILDING REPAIR, PACKAGING DISASTER SUPPLIES, SORTING SUPPLIES, SHIPPING,
OPENING MAIL, AND SEWING QUILTS AND OTHER ITEMS.**

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

**THE OFFICERS ARE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS AT A REGULAR
ANNUAL MEETING OF THE BOARD OF DIRECTORS.**

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

**DECISIONS BASED ON BOARD APPROVAL ARE BUDGETS, CHECK PAYMENTS, GIFTS,
COMPENSATION, AND USE OF ENDOWMENT FUND INCOME.**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE TREASURER WILL REVIEW 990 BEFORE IT IS SENT TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

**CONFLICT OF INTEREST POLICY IS ENFORCED BY WRITTEN POLICIES AND HAVING THE
BOARD MEMBERS SIGN A DISCLOSURE STATEMENT.**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

**COMPENSATION IS APPROVED BY THE BOARD FOR ALL EMPLOYEES AND EXECUTIVE
DIRECTOR.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

Employer identification number

MIDWEST MISSION DISTRIBUTION CENTER

37-1391589

GOVERNING DOCUMENT ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

MIDWEST MISSION DISTRIBUTION CENTER

Identifying number

37-1391589

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	54,067

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	54,067
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

37-1391589

Federal Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	PICNIC SHELTER	12/07/05	7,684			7,684	15	MO S/L	4,867	512
2	PICNIC SHELTER (ELECTICAL WORK)	6/08/06	1,033			1,033	15	MO S/L	586	69
3	RV PARK	10/01/01	14,583			14,583	20	MO S/L	9,570	729
4	WAREHOUSE IMPROVEMENTS	8/11/03	1,532			1,532	20	MO S/L	875	76
5	GIFT STORE	10/01/01	84,000			84,000	39	MO S/L	28,449	2,154
6	GIFT STORE IMPROV	10/01/02	3,360			3,360	39	MO S/L	1,052	86
7	GIFT STORE BATH IMPROV	3/15/03	2,338			2,338	39	MO S/L	710	59
8	WAREHOUSE ADD (material & labor)	6/25/05	27,311			27,311	39	MO S/L	6,653	700
9	WAREHOUSE BUILDING	1/01/04	290,614			290,614	39	MO S/L	81,968	7,452
10	WAREHOUSE BUILDING DOORS	5/01/04	2,269			2,269	15	MO S/L	1,614	151
11	WAREHOUSE INSULATION	2/25/04	5,917			5,917	39	MO S/L	1,633	151
12	WAREHOUSE ADDITIONS	7/25/05	151			151	39	MO S/L	37	4
13	WAREHOUSE ADDITION 07	11/27/07	143,640			143,640	39	MO S/L	27,623	3,683
14	WAREHOUSE ADD VARIOUS	1/01/08	25,642			25,642	39	MO S/L	4,274	657
15	PROJECT SHCOOL ROOM	1/02/02	18,720			18,720	39	MO S/L	6,221	480
16	LANDSCAPING	5/13/03	250			250	15	MO S/L	194	17
17	SIDEWALKS, CURBS, DRIVEWAY	5/14/03	4,462			4,462	15	MO S/L	3,345	298
18	DORMITORY BUILDING	7/01/01	262,000			262,000	39	MO S/L	90,417	6,726
19	DORMINTORY UTILITY BUILDING	7/01/01	18,000			18,000	39	MO S/L	6,213	462
20	DORM FURNITURE	7/01/01	2,197			2,197	7	MO S/L	2,197	0
21	DORM- GENERATOR	2/28/08	3,285			3,285	39	MO S/L	548	84
22	DUPLEX	12/31/04	135,559			135,559	39	MO S/L	31,283	3,476
23	APPLIANCES-DUPLEX	6/30/05	2,661			2,661	5	MO S/L	2,661	0
24	FURNITURE- DUPLEX	6/30/05	4,924			4,924	7	MO S/L	4,924	0
25	DUPLEX IMPROVEMENTS	6/30/05	27,818			27,818	39	MO S/L	6,776	713
26	DUPLEX DRIVEWAY	9/01/06	482			482	15	MO S/L	273	32
27	STAFF HOUSE	12/01/02	84,000			84,000	39	MO S/L	25,936	2,154
28	HOUSE IMPROVEMENTS	10/23/03	8,723			8,723	39	MO S/L	2,667	223
29	HOUSE LANDSCAPING	5/19/03	315			315	15	MO S/L	243	21
30	HOUSE IMPROVEMENTS	8/01/04	1,978			1,978	20	MO S/L	1,030	99
31	BED	1/13/05	499			499	7	MO S/L	499	0
32	DISTRIBUTION CENTER	3/01/00	280,081			280,081	39	MO S/L	106,976	7,181
33	PALLET RACKS	3/01/00	2,000			2,000	15	MO S/L	1,933	67
34	NEW FOYER	11/04/06	4,056			4,056	39	MO S/L	884	104
35	2 SEWER PUMPS	6/12/08	6,785			6,785	39	MO S/L	1,131	174
36	OFFICE ADDITION	5/10/05	1,748			1,748	39	MO S/L	426	45
37	OFFICE REMODELING	4/04/06	1,921			1,921	39	MO S/L	419	49
38	PALLET JACK 2 1/2	9/17/04	364			364	7	MO S/L	364	0
39	Flatbed Trailer	6/21/05	674			674	5	MO S/L	674	0
40	CARGO TRAILER	3/15/01	4,200			4,200	7	MO S/L	4,200	0
41	SIGNS FOR CARGO TRAILER	4/14/03	600			600	5	MO S/L	600	0
42	FORKLIFT	6/02/03	6,000			6,000	7	MO S/L	6,000	0
43	LAND - LEASE INTEREST	4/01/01	62,951			62,951	100	MO S/L	8,656	629
44	LAWN MOWER	7/09/01	1,400			1,400	7	MO S/L	1,400	0
45	MOWER	7/14/04	1,654			1,654	3	MO S/L	1,654	0
46	PRINTER	1/12/01	260			260	7	MO S/L	260	0
47	DELL COMPUTER	3/05/04	1,186			1,186	5	MO S/L	1,186	0
48	PRINTER	3/19/04	300			300	5	MO S/L	300	0
49	COMPUTER AND EQUIP	5/26/05	3,684			3,684	5	MO S/L	3,684	0
50	COMPUTER & EQU	11/16/05	733			733	5	MO S/L	733	0
51	PALLET JACK	4/25/01	394			394	7	MO S/L	394	0
52	PLATFORM JACK	9/28/00	2,192			2,192	7	MO S/L	2,192	0
53	SNOWBLOWER	12/01/01	858			858	7	MO S/L	858	0
54	TRACTOR 6 BUSH HOG	7/11/03	4,300			4,300	5	MO S/L	4,300	0
57	1992 3/4 TON DODGE PICK-UP	12/14/06	5,000			5,000	3	MO S/L	5,000	0
59	LAPTOP COMPUTER	11/10/07	2,000			2,000	5	MO S/L	2,000	0
60	PROJECTOR	11/10/07	800			800	7	MO S/L	800	0
61	2005 FORD F650 BOX TRUCK	1/05/08	30,072			30,072	5	MO S/L	30,072	0
62	SNOW PLOW	2/28/08	2,592			2,592	7	MO S/L	2,407	185
63	JOHN DEER MOWER	4/24/08	8,600			8,600	7	MO S/L	7,986	614
64	2 4x8 SIGNS-REFLECTIVE	8/08/08	1,020			1,020	15	MO S/L	442	68
65	10' TABLESAW	12/09/08	2,999			2,999	7	MO S/L	2,785	214
66	DUST COLLECTOR	12/09/08	549			549	7	MO S/L	510	39
67	Improvements to Warehouse	2/06/09	16,905			16,905	39	MO S/L	2,565	433
68	woodshop improvements	3/20/09	15,862			15,862	39	MO S/L	2,339	406
69	LAMINATE FLOOR CHURCH	12/15/09	1,044			1,044	10	MO S/L	531	104
70	SUMP PUMP DRAIN	11/10/10	1,476			1,476	15	MO S/L	410	98
71	COUCH	4/28/10	471			471	7	MO S/L	314	67

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
72	TRAILER	4/07/10	400			400	5 MO S/L	380	20
73	ROUTER	6/11/10	323			323	7 MO S/L	211	46
74	WEED EATER	8/05/10	321			321	7 MO S/L	203	45
75	COUCH	4/28/10	792			792	7 MO S/L	528	113
76	DRIVEWAY	5/25/10	2,413			2,413	15 MO S/L	737	161
77	ROOF	3/23/10	16,305			16,305	39 MO S/L	1,986	418
78	FOUR ROOM	9/21/10	18,142			18,142	39 MO S/L	1,977	465
79	ELECTRICAL WORK	1/18/10	1,825			1,825	15 MO S/L	598	122
80	INSULATION	1/05/11	5,250			5,250	15 MO S/L	1,400	350
81	POWER DRILL	3/11/11	160			160	7 MO S/L	88	23
82	2004 CHEVY VAN	6/24/11	7,500			7,500	5 MO S/L	5,250	1,500
83	DUST VACUUM	10/18/11	699			699	7 MO S/L	316	100
84	AIR COMPRESSOR	11/15/11	360			360	7 MO S/L	163	51
85	TWO COMPUTER MONITORS	5/03/11	1,140			1,140	5 MO S/L	836	228
86	ONE COMPUTER	6/10/11	550			550	5 MO S/L	394	110
87	DIGITAL CAMERA	8/25/11	600			600	7 MO S/L	286	85
88	HP OFFICE PRINTER	12/01/11	240			240	5 MO S/L	148	48
89	SNOW JAX	2/10/11	3,742			3,742	15 MO S/L	977	249
90	20" PLANER	9/01/12	1,768			1,768	7 MO S/L	589	253
91	WAREHOUSE ADDITION	1/01/12	72,497			72,497	39 MO S/L	5,577	1,859
92	NEW LIGHTS	7/16/12	5,446			5,446	15 MO S/L	877	363
93	STOVE	11/26/13	400			400	7 MO S/L	62	57
94	MICROWAVE	6/10/13	250			250	7 MO S/L	57	35
95	DEHUMIDIFIER	6/18/13	231			231	7 MO S/L	49	33
96	SUMP PUMP	7/18/13	155			155	7 MO S/L	31	23
97	DESKTOP PRINTER	5/20/13	150			150	5 MO S/L	48	30
98	DESKTOP PRINTER	7/01/13	150			150	5 MO S/L	45	30
99	CONDENSER FOR FURNACE	6/03/13	5,932			5,932	15 MO S/L	626	396
100	PRINTER - OFFICE	9/12/13	2,995			2,995	5 MO S/L	799	599
101	COMPUTER AND MONITOR	10/29/13	520			520	5 MO S/L	121	104
102	FLOOR SCRUBBER	5/13/13	4,255			4,255	7 MO S/L	1,013	608
103	BOSE SPEAKERS	8/17/13	100			100	7 MO S/L	19	14
104	WAREHOUSE ADDITION	12/31/14	145,579			145,579	39 MO S/L	0	3,733
105	REFRIGERATOR FOR DORM	8/20/15	800			800	7 MO S/L	0	38
106	ROUTER VOIP OPTIMIZED	8/24/15	115			115	3 MO S/L	0	13
107	WAREHOUSE	12/31/15	36,177			36,177	39 MO S/L	0	0
	Total Other Depreciation		<u>2,001,960</u>			<u>2,001,960</u>		<u>589,114</u>	<u>54,067</u>
	Total ACRS and Other Depreciation		<u>2,001,960</u>			<u>2,001,960</u>		<u>589,114</u>	<u>54,067</u>
	Grand Totals		2,001,960			2,001,960		589,114	54,067
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,001,960</u>			<u>2,001,960</u>		<u>589,114</u>	<u>54,067</u>

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IL Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Other Depreciation:								
1	PICNIC SHELTER	12/07/05	7,684	7,684	4,653	512	512	0
2	PICNIC SHELTER (ELECTICAL WORK)	6/08/06	1,033	1,033	591	69	69	0
3	RV PARK	10/01/01	14,583	14,583	9,661	729	729	0
4	WAREHOUSE IMPROVEMENTS	8/11/03	1,532	1,532	875	76	76	0
5	GIFT STORE	10/01/01	84,000	84,000	28,539	2,153	2,154	1
6	GIFT STORE IMPROV	10/01/02	3,360	3,360	1,055	86	86	0
7	GIFT STORE BATH IMPROV	3/15/03	2,338	2,338	710	59	59	0
8	WAREHOUSE ADD (material & labor)	6/25/05	27,311	27,311	6,653	700	700	0
9	WAREHOUSE BUILDING	1/01/04	290,614	290,614	81,968	7,452	7,452	0
10	WAREHOUSE BUILDING DOORS	5/01/04	2,269	2,269	1,614	151	151	0
11	WAREHOUSE INSULATION	2/25/04	5,917	5,917	1,644	151	151	0
12	WAREHOUSE ADDITIONS	7/25/05	151	151	37	3	4	1
13	WAREHOUSE ADDITION 07	11/27/07	143,640	143,640	26,088	3,684	3,683	-1
14	WAREHOUSE ADD VARIOUS	1/01/08	25,642	25,642	4,602	658	657	-1
15	PROJECT SHCOOL ROOM	1/02/02	18,720	18,720	6,240	480	480	0
16	LANDSCAPING	5/13/03	250	250	194	17	17	0
17	SIDEWALKS, CURBS, DRIVEWAY	5/14/03	4,462	4,462	3,470	298	298	0
18	DORMITORY BUILDING	7/01/01	262,000	262,000	90,692	6,726	6,726	0
19	DORMITORY UTILITY BUILDING	7/01/01	18,000	18,000	6,231	461	462	1
20	DORM FURNITURE	7/01/01	2,197	2,197	2,197	0	0	0
21	DORM- GENERATOR	2/28/08	3,285	3,285	576	84	84	0
22	DUPLEX	12/31/04	135,559	135,559	34,759	3,475	3,476	1
23	APPLIANCES-DUPLEX	6/30/05	2,661	2,661	2,661	0	0	0
24	FURNITURE- DUPLEX	6/30/05	4,924	4,924	4,924	0	0	0
25	DUPLEX IMPROVEMENTS	6/30/05	27,818	27,818	6,776	713	713	0
26	DUPLEX DRIVEWAY	9/01/06	482	482	268	32	32	0
27	STAFF HOUSE	12/01/02	84,000	84,000	26,026	2,154	2,154	0
28	HOUSE IMPROVEMENTS	10/23/03	8,723	8,723	2,498	223	223	0
29	HOUSE LANDSCAPING	5/19/03	315	315	243	21	21	0
30	HOUSE IMPROVEMENTS	8/01/04	1,978	1,978	1,030	99	99	0
31	BED	1/13/05	499	499	499	0	0	0
32	DISTRIBUTION CENTER	3/01/00	280,081	280,081	106,526	7,182	7,181	-1
33	PALLET RACKS	3/01/00	2,000	2,000	1,978	22	67	45
34	NEW FOYER	11/04/06	4,056	4,056	849	104	104	0
35	2 SEWER PUMPS	6/12/08	6,785	6,785	1,145	174	174	0
36	OFFICE ADDITION	5/10/05	1,748	1,748	433	45	45	0
37	OFFICE REMODELING	4/04/06	1,921	1,921	431	49	49	0
38	PALLET JACK 2 1/2	9/17/04	364	364	364	0	0	0
39	Flatbed Trailer	6/21/05	674	674	674	0	0	0
40	CARGO TRAILER	3/15/01	4,200	4,200	4,200	0	0	0
41	SIGNS FOR CARGO TRAILER	4/14/03	600	600	600	0	0	0
42	FORKLIFT	6/02/03	6,000	6,000	6,000	0	0	0
43	LAND - LEASE INTEREST	4/01/01	62,951	62,951	8,656	629	629	0
44	LAWN MOWER	7/09/01	1,400	1,400	1,400	0	0	0
45	MOWER	7/14/04	1,654	1,654	1,654	0	0	0
46	PRINTER	1/12/01	260	260	260	0	0	0
47	DELL COMPUTER	3/05/04	1,186	1,186	1,186	0	0	0
48	PRINTER	3/19/04	300	300	300	0	0	0
49	COMPUTER AND EQUIP	5/26/05	3,684	3,684	3,684	0	0	0
50	COMPUTER & EQU	11/16/05	733	733	733	0	0	0
51	PALLET JACK	4/25/01	394	394	394	0	0	0
52	PLATFORM JACK	9/28/00	2,192	2,192	2,192	0	0	0
53	SNOWBLOWER	12/01/01	858	858	858	0	0	0
54	TRACTOR 6 BUSH HOG	7/11/03	4,300	4,300	4,300	0	0	0
57	1992 3/4 TON DODGE PICK-UP	12/14/06	5,000	5,000	5,000	0	0	0
59	LAPTOP COMPUTER	11/10/07	2,000	2,000	2,000	0	0	0
60	PROJECTOR	11/10/07	800	800	800	0	0	0
61	2005 FORD F650 BOX TRUCK	1/05/08	30,072	30,072	30,072	0	0	0
62	SNOW PLOW	2/28/08	2,592	2,592	2,530	62	185	123
63	JOHN DEER MOWER	4/24/08	8,600	8,600	8,190	410	614	204
64	2 4x8 SIGNS-REFLECTIVE	8/08/08	1,020	1,020	436	68	68	0
65	10' TABLESAW	12/09/08	2,999	2,999	2,606	393	214	-179
66	DUST COLLECTOR	12/09/08	549	549	477	72	39	-33
67	Improvements to Warehouse	2/06/09	16,905	16,905	2,565	433	433	0
68	woodshop improvements	3/20/09	15,862	15,862	2,339	406	406	0
69	LAMINATE FLOOR CHURCH	12/15/09	1,044	1,044	531	104	104	0
70	SUMP PUMP DRAIN	11/10/10	1,476	1,476	410	98	98	0
71	COUCH	4/28/10	471	471	314	67	67	0

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IL Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
72	TRAILER	4/07/10	400	400	380	20	20	0
73	ROUTER	6/11/10	323	323	211	46	46	0
74	WEED EATER	8/05/10	321	321	203	45	45	0
75	COUCH	4/28/10	792	792	528	113	113	0
76	DRIVEWAY	5/25/10	2,413	2,413	737	161	161	0
77	ROOF	3/23/10	16,305	16,305	1,986	418	418	0
78	FOUR ROOM	9/21/10	18,142	18,142	1,977	465	465	0
79	ELECTRICAL WORK	1/18/10	1,825	1,825	598	122	122	0
80	INSULATION	1/05/11	5,250	5,250	1,400	350	350	0
81	POWER DRILL	3/11/11	160	160	88	23	23	0
82	2004 CHEVY VAN	6/24/11	7,500	7,500	5,250	1,500	1,500	0
83	DUST VACUUM	10/18/11	699	699	316	100	100	0
84	AIR COMPRESSOR	11/15/11	360	360	163	51	51	0
85	TWO COMPUTER MONITORS	5/03/11	1,140	1,140	836	228	228	0
86	ONE COMPUTER	6/10/11	550	550	394	110	110	0
87	DIGITAL CAMERA	8/25/11	600	600	286	85	85	0
88	HP OFFICE PRINTER	12/01/11	240	240	148	48	48	0
89	SNOW JAX	2/10/11	3,742	3,742	977	249	249	0
90	20" PLANER	9/01/12	1,768	1,768	589	253	253	0
91	WAREHOUSE ADDITION	1/01/12	72,497	72,497	5,577	1,859	1,859	0
92	NEW LIGHTS	7/16/12	5,446	5,446	877	363	363	0
93	STOVE	11/26/13	400	400	62	57	57	0
94	MICROWAVE	6/10/13	250	250	57	35	35	0
95	DEHUMIDIFIER	6/18/13	231	231	49	33	33	0
96	SUMP PUMP	7/18/13	155	155	31	23	23	0
97	DESKTOP PRINTER	5/20/13	150	150	48	30	30	0
98	DESKTOP PRINTER	7/01/13	150	150	45	30	30	0
99	CONDENSER FOR FURNACE	6/03/13	5,932	5,932	626	396	396	0
100	PRINTER - OFFICE	9/12/13	2,995	2,995	799	599	599	0
101	COMPUTER AND MONITOR	10/29/13	520	520	121	104	104	0
102	FLOOR SCRUBBER	5/13/13	4,255	4,255	1,013	608	608	0
103	BOSE SPEAKERS	8/17/13	100	100	19	14	14	0
104	WAREHOUSE ADDITION	12/31/14	14,579	14,579	0	374	3,733	3,359
105	REFRIGERATOR FOR DORM	8/20/15	800	800	0	38	38	0
106	ROUTER VOIP OPTIMIZED	8/24/15	115	115	0	13	13	0
107	WAREHOUSE	12/31/15	36,177	36,177	0	0	0	0
Total Other Depreciation			<u>1,870,960</u>	<u>1,870,960</u>	<u>591,452</u>	<u>50,547</u>	<u>54,067</u>	<u>3,520</u>
Total ACRS and Other Depreciation			<u>1,870,960</u>	<u>1,870,960</u>	<u>591,452</u>	<u>50,547</u>	<u>54,067</u>	<u>3,520</u>
Grand Totals			1,870,960	1,870,960	591,452	50,547	54,067	3,520
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,870,960</u>	<u>1,870,960</u>	<u>591,452</u>	<u>50,547</u>	<u>54,067</u>	<u>3,520</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	PICNIC SHELTER	12/07/05	0					0	0	HY	0	0
2	PICNIC SHELTER (ELECTICAL WORK)	6/08/06	0					0	0	HY	0	0
3	RV PARK	10/01/01	0					0	0	HY	0	0
4	WAREHOUSE IMPROVEMENTS	8/11/03	0					0	0	HY	0	0
5	GIFT STORE	10/01/01	0					0	0	HY	0	0
6	GIFT STORE IMPROV	10/01/02	0					0	0	HY	0	0
7	GIFT STORE BATH IMPROV	3/15/03	0					0	0	HY	0	0
8	WAREHOUSE ADD (material & labor)	6/25/05	0					0	0	HY	0	0
9	WAREHOUSE BUILDING	1/01/04	0					0	0	HY	0	0
10	WAREHOUSE BUILDING DOORS	5/01/04	0					0	0	HY	0	0
11	WAREHOUSE INSULATION	2/25/04	0					0	0	HY	0	0
12	WAREHOUSE ADDITIONS	7/25/05	0					0	0	HY	0	0
13	WAREHOUSE ADDITION 07	11/27/07	0					0	0	HY	0	0
14	WAREHOUSE ADD VARIOUS	1/01/08	0					0	0	HY	0	0
15	PROJECT SHCOOL ROOM	1/02/02	0					0	0	HY	0	0
16	LANDSCAPING	5/13/03	0					0	0	HY	0	0
17	SIDEWALKS, CURBS, DRIVEWAY	5/14/03	0					0	0	HY	0	0
18	DORMITORY BUILDING	7/01/01	0					0	0	HY	0	0
19	DORMITORY UTILITY BUILDING	7/01/01	0					0	0	HY	0	0
20	DORM FURNITURE	7/01/01	0					0	0	HY	0	0
21	DORM- GENERATOR	2/28/08	0					0	0	HY	0	0
22	DUPLEX	12/31/04	0					0	0	HY	0	0
23	APPLIANCES-DUPLEX	6/30/05	0					0	0	HY	0	0
24	FURNITURE- DUPLEX	6/30/05	0					0	0	HY	0	0
25	DUPLEX IMPROVEMENTS	6/30/05	0					0	0	HY	0	0
26	DUPLEX DRIVEWAY	9/01/06	0					0	0	HY	0	0
27	STAFF HOUSE	12/01/02	0					0	0	HY	0	0
28	HOUSE IMPROVEMENTS	10/23/03	0					0	0	HY	0	0
29	HOUSE LANDSCAPING	5/19/03	0					0	0	HY	0	0
30	HOUSE IMPROVEMENTS	8/01/04	0					0	0	HY	0	0
31	BED	1/13/05	0					0	0	HY	0	0
32	DISTRIBUTION CENTER	3/01/00	0					0	0	HY	0	0
33	PALLET RACKS	3/01/00	0					0	0	HY	0	0
34	NEW FOYER	11/04/06	0					0	0	HY	0	0
35	2 SEWER PUMPS	6/12/08	0					0	0	HY	0	0
36	OFFICE ADDITION	5/10/05	0					0	0	HY	0	0
37	OFFICE REMODELING	4/04/06	0					0	0	HY	0	0
38	PALLET JACK 2 1/2	9/17/04	0					0	0	HY	0	0
39	Flatbed Trailer	6/21/05	0					0	0	HY	0	0
40	CARGO TRAILER	3/15/01	0					0	0	HY	0	0
41	SIGNS FOR CARGO TRAILER	4/14/03	0					0	0	HY	0	0
42	FORKLIFT	6/02/03	0					0	0	HY	0	0
43	LAND - LEASE INTEREST	4/01/01	0					0	0	HY	0	0
44	LAWN MOWER	7/09/01	0					0	0	HY	0	0
45	MOWER	7/14/04	0					0	0	HY	0	0
46	PRINTER	1/12/01	0					0	0	HY	0	0
47	DELL COMPUTER	3/05/04	0					0	0	HY	0	0
48	PRINTER	3/19/04	0					0	0	HY	0	0
49	COMPUTER AND EQUIP	5/26/05	0					0	0	HY	0	0
50	COMPUTER & EQU	11/16/05	0					0	0	HY	0	0
51	PALLET JACK	4/25/01	0					0	0	HY	0	0
52	PLATFORM JACK	9/28/00	0					0	0	HY	0	0
53	SNOWBLOWER	12/01/01	0					0	0	HY	0	0
54	TRACTOR 6 BUSH HOG	7/11/03	0					0	0	HY	0	0
57	1992 3/4 TON DODGE PICK-UP	12/14/06	0					0	0	HY	0	0
59	LAPTOP COMPUTER	11/10/07	0					0	0	HY	0	0
60	PROJECTOR	11/10/07	0					0	0	HY	0	0
61	2005 FORD F650 BOX TRUCK	1/05/08	0					0	0	HY	0	0
62	SNOW PLOW	2/28/08	0					0	0	HY	0	0
63	JOHN DEER MOWER	4/24/08	0					0	0	HY	0	0
64	2 4x8 SIGNS-REFLECTIVE	8/08/08	0					0	0	HY	0	0
65	10' TABLESAW	12/09/08	0					0	0	HY	0	0
66	DUST COLLECTOR	12/09/08	0					0	0	HY	0	0
67	Improvements to Warehouse	2/06/09	0					0	0	HY	0	0
68	woodshop improvements	3/20/09	0					0	0	HY	0	0
69	LAMINATE FLOOR CHURCH	12/15/09	0					0	0	HY	0	0
70	SUMP PUMP DRAIN	11/10/10	0					0	0	HY	0	0
71	COUCH	4/28/10	0					0	0	HY	0	0

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
72	TRAILER	4/07/10	0			0	0 HY	0	0
73	ROUTER	6/11/10	0			0	0 HY	0	0
74	WEED EATER	8/05/10	0			0	0 HY	0	0
75	COUCH	4/28/10	0			0	0 HY	0	0
76	DRIVEWAY	5/25/10	0			0	0 HY	0	0
77	ROOF	3/23/10	0			0	0 HY	0	0
78	FOUR ROOM	9/21/10	0			0	0 HY	0	0
79	ELECTRICAL WORK	1/18/10	0			0	0 HY	0	0
80	INSULATION	1/05/11	5,250			5,250	15 MO S/L	1,400	350
81	POWER DRILL	3/11/11	160			160	7 MO S/L	88	23
82	2004 CHEVY VAN	6/24/11	7,500			7,500	5 MO S/L	5,250	1,500
83	DUST VACUUM	10/18/11	699			699	7 MO S/L	316	100
84	AIR COMPRESSOR	11/15/11	360			360	7 MO S/L	163	51
85	TWO COMPUTER MONITORS	5/03/11	1,140			1,140	5 MO S/L	836	228
86	ONE COMPUTER	6/10/11	550			550	5 MO S/L	394	110
87	DIGITAL CAMERA	8/25/11	600			600	7 MO S/L	286	85
88	HP OFFICE PRINTER	12/01/11	240			240	5 MO S/L	148	48
89	SNOW JAX	2/10/11	3,742			3,742	15 MO S/L	977	249
90	20" PLANER	9/01/12	1,768			1,768	7 MO S/L	589	253
91	WAREHOUSE ADDITION	1/01/12	72,497			72,497	39 MO S/L	5,577	1,859
92	NEW LIGHTS	7/16/12	5,446			5,446	15 MO S/L	877	363
93	STOVE	11/26/13	0			0	0 HY	0	0
94	MICROWAVE	6/10/13	0			0	0 HY	0	0
95	DEHUMIDIFIER	6/18/13	0			0	0 HY	0	0
96	SUMP PUMP	7/18/13	0			0	0 HY	0	0
97	DESKTOP PRINTER	5/20/13	0			0	0 HY	0	0
98	DESKTOP PRINTER	7/01/13	0			0	0 HY	0	0
99	CONDENSER FOR FURNACE	6/03/13	0			0	0 HY	0	0
100	PRINTER - OFFICE	9/12/13	0			0	0 HY	0	0
101	COMPUTER AND MONITOR	10/29/13	0			0	0 HY	0	0
102	FLOOR SCRUBBER	5/13/13	0			0	0 HY	0	0
103	BOSE SPEAKERS	8/17/13	0			0	0 HY	0	0
104	WAREHOUSE ADDITION	12/31/14	0			0	0 HY	0	0
105	REFRIGERATOR FOR DORM	8/20/15	0			0	0 HY	0	0
106	ROUTER VOIP OPTIMIZED	8/24/15	0			0	0 HY	0	0
107	WAREHOUSE	12/31/15	0			0	0 HY	0	0
Total Other Depreciation			<u>99,952</u>			<u>99,952</u>		<u>16,901</u>	<u>5,219</u>
Total ACRS and Other Depreciation			<u>99,952</u>			<u>99,952</u>		<u>16,901</u>	<u>5,219</u>
Grand Totals			99,952			99,952		16,901	5,219
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>99,952</u>			<u>99,952</u>		<u>16,901</u>	<u>5,219</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	PICNIC SHELTER	12/07/05	7,684	512	0
2	PICNIC SHELTER (ELECTICAL WORK)	6/08/06	1,033	68	0
3	RV PARK	10/01/01	14,583	729	0
4	WAREHOUSE IMPROVEMENTS	8/11/03	1,532	77	0
5	GIFT STORE	10/01/01	84,000	2,154	0
6	GIFT STORE IMPROV	10/01/02	3,360	86	0
7	GIFT STORE BATH IMPROV	3/15/03	2,338	60	0
8	WAREHOUSE ADD (material & labor)	6/25/05	27,311	700	0
9	WAREHOUSE BUILDING	1/01/04	290,614	7,451	0
10	WAREHOUSE BUILDING DOORS	5/01/04	2,269	151	0
11	WAREHOUSE INSULATION	2/25/04	5,917	152	0
12	WAREHOUSE ADDITIONS	7/25/05	151	4	0
13	WAREHOUSE ADDITION 07	11/27/07	143,640	3,683	0
14	WAREHOUSE ADD VARIOUS	1/01/08	25,642	658	0
15	PROJECT SHCOOL ROOM	1/02/02	18,720	480	0
16	LANDSCAPING	5/13/03	250	17	0
17	SIDEWALKS, CURBS, DRIVEWAY	5/14/03	4,462	297	0
18	DORMITORY BUILDING	7/01/01	262,000	6,718	0
19	DORMINTORY UTILITY BUILDING	7/01/01	18,000	461	0
20	DORM FURNITURE	7/01/01	2,197	0	0
21	DORM- GENERATOR	2/28/08	3,285	84	0
22	DUPLEX	12/31/04	135,559	3,475	0
23	APPLIANCES-DUPLEX	6/30/05	2,661	0	0
24	FURNITURE- DUPLEX	6/30/05	4,924	0	0
25	DUPLEX IMPROVEMENTS	6/30/05	27,818	714	0
26	DUPLEX DRIVEWAY	9/01/06	482	33	0
27	STAFF HOUSE	12/01/02	84,000	2,154	0
28	HOUSE IMPROVEMENTS	10/23/03	8,723	224	0
29	HOUSE LANDSCAPING	5/19/03	315	21	0
30	HOUSE IMPROVEMENTS	8/01/04	1,978	99	0
31	BED	1/13/05	499	0	0
32	DISTRIBUTION CENTER	3/01/00	280,081	7,182	0
33	PALLET RACKS	3/01/00	2,000	0	0
34	NEW FOYER	11/04/06	4,056	104	0
35	2 SEWER PUMPS	6/12/08	6,785	174	0
36	OFFICE ADDITION	5/10/05	1,748	44	0
37	OFFICE REMODELING	4/04/06	1,921	49	0
38	PALLET JACK 2 1/2	9/17/04	364	0	0
39	Flatbed Trailer	6/21/05	674	0	0
40	CARGO TRAILER	3/15/01	4,200	0	0
41	SIGNS FOR CARGO TRAILER	4/14/03	600	0	0
42	FORKLIFT	6/02/03	6,000	0	0
43	LAND - LEASE INTEREST	4/01/01	62,951	630	0
44	LAWN MOWER	7/09/01	1,400	0	0
45	MOWER	7/14/04	1,654	0	0
46	PRINTER	1/12/01	260	0	0
47	DELL COMPUTER	3/05/04	1,186	0	0
48	PRINTER	3/19/04	300	0	0
49	COMPUTER AND EQUIP	5/26/05	3,684	0	0
50	COMPUTER & EQU	11/16/05	733	0	0
51	PALLET JACK	4/25/01	394	0	0
52	PLATFORM JACK	9/28/00	2,192	0	0
53	SNOWBLOWER	12/01/01	858	0	0
54	TRACTOR 6 BUSH HOG	7/11/03	4,300	0	0
57	1992 3/4 TON DODGE PICK-UP	12/14/06	5,000	0	0
59	LAPTOP COMPUTER	11/10/07	2,000	0	0
60	PROJECTOR	11/10/07	800	0	0
61	2005 FORD F650 BOX TRUCK	1/05/08	30,072	0	0
62	SNOW PLOW	2/28/08	2,592	0	0
63	JOHN DEER MOWER	4/24/08	8,600	0	0
64	2 4x8 SIGNS-REFLECTIVE	8/08/08	1,020	68	0
65	10' TABLESAW	12/09/08	2,999	0	0
66	DUST COLLECTOR	12/09/08	549	0	0
67	Improvements to Warehouse	2/06/09	16,905	434	0
68	woodshop improvements	3/20/09	15,862	407	0
69	LAMINATE FLOOR CHURCH	12/15/09	1,044	104	0
70	SUMP PUMP DRAIN	11/10/10	1,476	99	0

Asset	Description	Date In Service	Cost	Tax	AMT
71	COUCH	4/28/10	471	68	0
72	TRAILER	4/07/10	400	0	0
73	ROUTER	6/11/10	323	46	0
74	WEED EATER	8/05/10	321	46	0
75	COUCH	4/28/10	792	113	0
76	DRIVEWAY	5/25/10	2,413	161	0
77	ROOF	3/23/10	16,305	418	0
78	FOUR ROOM	9/21/10	18,142	465	0
79	ELECTRICAL WORK	1/18/10	1,825	122	0
80	INSULATION	1/05/11	5,250	350	350
81	POWER DRILL	3/11/11	160	23	23
82	2004 CHEVY VAN	6/24/11	7,500	750	750
83	DUST VACUUM	10/18/11	699	100	100
84	AIR COMPRESSOR	11/15/11	360	52	52
85	TWO COMPUTER MONITORS	5/03/11	1,140	76	76
86	ONE COMPUTER	6/10/11	550	46	46
87	DIGITAL CAMERA	8/25/11	600	86	86
88	HP OFFICE PRINTER	12/01/11	240	44	44
89	SNOW JAX	2/10/11	3,742	250	250
90	20" PLANER	9/01/12	1,768	253	253
91	WAREHOUSE ADDITION	1/01/12	72,497	1,859	1,859
92	NEW LIGHTS	7/16/12	5,446	363	363
93	STOVE	11/26/13	400	57	0
94	MICROWAVE	6/10/13	250	36	0
95	DEHUMIDIFIER	6/18/13	231	33	0
96	SUMP PUMP	7/18/13	155	22	0
97	DESKTOP PRINTER	5/20/13	150	30	0
98	DESKTOP PRINTER	7/01/13	150	30	0
99	CONDENSER FOR FURNACE	6/03/13	5,932	395	0
100	PRINTER - OFFICE	9/12/13	2,995	599	0
101	COMPUTER AND MONITOR	10/29/13	520	104	0
102	FLOOR SCRUBBER	5/13/13	4,255	608	0
103	BOSE SPEAKERS	8/17/13	100	15	0
104	WAREHOUSE ADDITION	12/31/14	145,579	3,733	0
105	REFRIGERATOR FOR DORM	8/20/15	800	114	0
106	ROUTER VOIP OPTIMIZED	8/24/15	115	38	0
107	WAREHOUSE	12/31/15	36,177	928	0
Total Other Depreciation			<u>2,001,960</u>	<u>52,990</u>	<u>4,252</u>
Total ACRS and Other Depreciation			<u>2,001,960</u>	<u>52,990</u>	<u>4,252</u>
Grand Totals			<u>2,001,960</u>	<u>52,990</u>	<u>4,252</u>

Asset	Description	Date In Service	Cost	IL
Other Depreciation:				
1	PICNIC SHELTER	12/07/05	7,684	513
2	PICNIC SHELTER (ELECTICAL WORK)	6/08/06	1,033	69
3	RV PARK	10/01/01	14,583	730
4	WAREHOUSE IMPROVEMENTS	8/11/03	1,532	77
5	GIFT STORE	10/01/01	84,000	2,154
6	GIFT STORE IMPROV	10/01/02	3,360	87
7	GIFT STORE BATH IMPROV	3/15/03	2,338	60
8	WAREHOUSE ADD (material & labor)	6/25/05	27,311	700
9	WAREHOUSE BUILDING	1/01/04	290,614	7,451
10	WAREHOUSE BUILDING DOORS	5/01/04	2,269	151
11	WAREHOUSE INSULATION	2/25/04	5,917	152
12	WAREHOUSE ADDITIONS	7/25/05	151	4
13	WAREHOUSE ADDITION 07	11/27/07	143,640	3,683
14	WAREHOUSE ADD VARIOUS	1/01/08	25,642	657
15	PROJECT SHCOOL ROOM	1/02/02	18,720	480
16	LANDSCAPING	5/13/03	250	17
17	SIDEWALKS, CURBS, DRIVEWAY	5/14/03	4,462	297
18	DORMITORY BUILDING	7/01/01	262,000	6,718
19	DORMINTORY UTILITY BUILDING	7/01/01	18,000	462
20	DORM FURNITURE	7/01/01	2,197	0
21	DORM- GENERATOR	2/28/08	3,285	84
22	DUPLEX	12/31/04	135,559	3,476
23	APPLIANCES-DUPLEX	6/30/05	2,661	0
24	FURNITURE- DUPLEX	6/30/05	4,924	0
25	DUPLEX IMPROVEMENTS	6/30/05	27,818	714
26	DUPLEX DRIVEWAY	9/01/06	482	32
27	STAFF HOUSE	12/01/02	84,000	2,153
28	HOUSE IMPROVEMENTS	10/23/03	8,723	224
29	HOUSE LANDSCAPING	5/19/03	315	21
30	HOUSE IMPROVEMENTS	8/01/04	1,978	99
31	BED	1/13/05	499	0
32	DISTRIBUTION CENTER	3/01/00	280,081	7,182
33	PALLET RACKS	3/01/00	2,000	0
34	NEW FOYER	11/04/06	4,056	104
35	2 SEWER PUMPS	6/12/08	6,785	174
36	OFFICE ADDITION	5/10/05	1,748	45
37	OFFICE REMODELING	4/04/06	1,921	49
38	PALLET JACK 2 1/2	9/17/04	364	0
39	Flatbed Trailer	6/21/05	674	0
40	CARGO TRAILER	3/15/01	4,200	0
41	SIGNS FOR CARGO TRAILER	4/14/03	600	0
42	FORKLIFT	6/02/03	6,000	0
43	LAND - LEASE INTEREST	4/01/01	62,951	630
44	LAWN MOWER	7/09/01	1,400	0
45	MOWER	7/14/04	1,654	0
46	PRINTER	1/12/01	260	0
47	DELL COMPUTER	3/05/04	1,186	0
48	PRINTER	3/19/04	300	0
49	COMPUTER AND EQUIP	5/26/05	3,684	0
50	COMPUTER & EQU	11/16/05	733	0
51	PALLET JACK	4/25/01	394	0
52	PLATFORM JACK	9/28/00	2,192	0
53	SNOWBLOWER	12/01/01	858	0
54	TRACTOR 6 BUSH HOG	7/11/03	4,300	0
57	1992 3/4 TON DODGE PICK-UP	12/14/06	5,000	0
59	LAPTOP COMPUTER	11/10/07	2,000	0
60	PROJECTOR	11/10/07	800	0
61	2005 FORD F650 BOX TRUCK	1/05/08	30,072	0
62	SNOW PLOW	2/28/08	2,592	0
63	JOHN DEER MOWER	4/24/08	8,600	0
64	2 4x8 SIGNS-REFLECTIVE	8/08/08	1,020	68
65	10' TABLESAW	12/09/08	2,999	0
66	DUST COLLECTOR	12/09/08	549	0
67	Improvements to Warehouse	2/06/09	16,905	434
68	woodshop improvements	3/20/09	15,862	407
69	LAMINATE FLOOR CHURCH	12/15/09	1,044	104
70	SUMP PUMP DRAIN	11/10/10	1,476	99

Asset	Description	Date In Service	Cost	IL
71	COUCH	4/28/10	471	68
72	TRAILER	4/07/10	400	0
73	ROUTER	6/11/10	323	46
74	WEED EATER	8/05/10	321	46
75	COUCH	4/28/10	792	113
76	DRIVEWAY	5/25/10	2,413	161
77	ROOF	3/23/10	16,305	418
78	FOUR ROOM	9/21/10	18,142	465
79	ELECTRICAL WORK	1/18/10	1,825	122
80	INSULATION	1/05/11	5,250	350
81	POWER DRILL	3/11/11	160	23
82	2004 CHEVY VAN	6/24/11	7,500	750
83	DUST VACUUM	10/18/11	699	100
84	AIR COMPRESSOR	11/15/11	360	52
85	TWO COMPUTER MONITORS	5/03/11	1,140	76
86	ONE COMPUTER	6/10/11	550	46
87	DIGITAL CAMERA	8/25/11	600	86
88	HP OFFICE PRINTER	12/01/11	240	44
89	SNOW JAX	2/10/11	3,742	250
90	20" PLANER	9/01/12	1,768	253
91	WAREHOUSE ADDITION	1/01/12	72,497	1,859
92	NEW LIGHTS	7/16/12	5,446	363
93	STOVE	11/26/13	400	57
94	MICROWAVE	6/10/13	250	36
95	DEHUMIDIFIER	6/18/13	231	33
96	SUMP PUMP	7/18/13	155	22
97	DESKTOP PRINTER	5/20/13	150	30
98	DESKTOP PRINTER	7/01/13	150	30
99	CONDENSER FOR FURNACE	6/03/13	5,932	395
100	PRINTER - OFFICE	9/12/13	2,995	599
101	COMPUTER AND MONITOR	10/29/13	520	104
102	FLOOR SCRUBBER	5/13/13	4,255	608
103	BOSE SPEAKERS	8/17/13	100	15
104	WAREHOUSE ADDITION	12/31/14	14,579	374
105	REFRIGERATOR FOR DORM	8/20/15	800	114
106	ROUTER VOIP OPTIMIZED	8/24/15	115	38
107	WAREHOUSE	12/31/15	36,177	928
Total Other Depreciation			<u>1,870,960</u>	<u>49,635</u>
Total ACRS and Other Depreciation			<u>1,870,960</u>	<u>49,635</u>
Grand Totals			<u>1,870,960</u>	<u>49,635</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning

, ending

Name

Taxpayer Identification Number

MIDWEST MISSION DISTRIBUTION CENTER**37-1391589**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 468,667	521,885	53,218
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 304	94	-210
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 468,971	521,979	53,008
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 42,500	43,000	500
	16. Salaries, other compensation, and employee benefits	16. 127,066	141,388	14,322
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 10,068	5,270	-4,798
	19. Occupancy, rent, utilities, and maintenance	19. 46,854	39,580	-7,274
	20. Depreciation and Depletion	20. 51,521	54,067	2,546
	21. Other expenses	21. 303,133	195,404	-107,729
	22. Total expenses. Add lines 13 through 21	22. 581,142	478,709	-102,433
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -112,171	43,270	155,441
Other Information	24. Total exempt revenue	24. 468,971	521,979	53,008
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 304	94	-210
	27. Total assets	27. 2,493,627	2,516,054	22,427
	28. Total liabilities	28. 16,080	12,940	-3,140
	29. Retained earnings	29. 2,477,547	2,503,114	25,567
	30. Number of voting members of governing body	30. 24	25	
	31. Number of independent voting members of governing body	31. 24	25	
	32. Number of employees	32. 11	15	
33. Number of volunteers	33. 1818	2249		

Form 990	Tax Return History	2015
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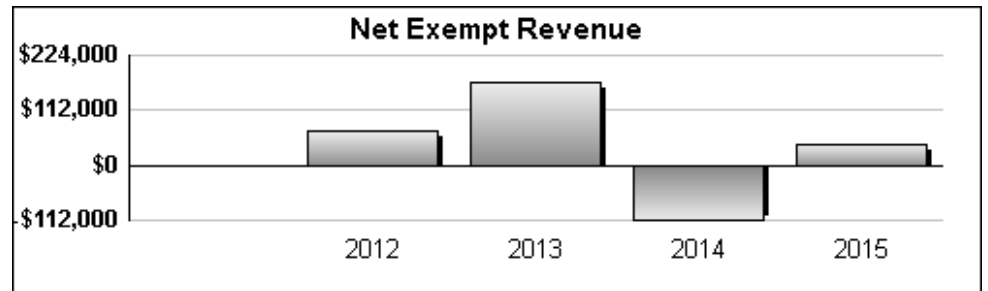
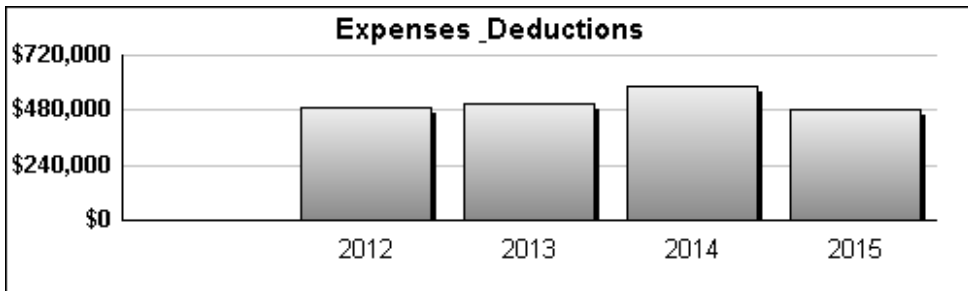
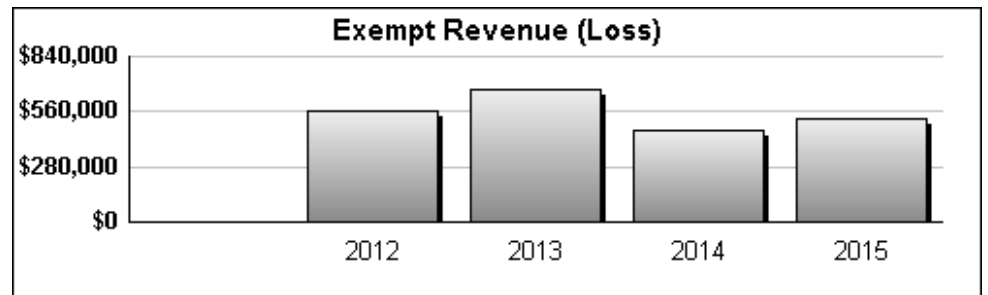
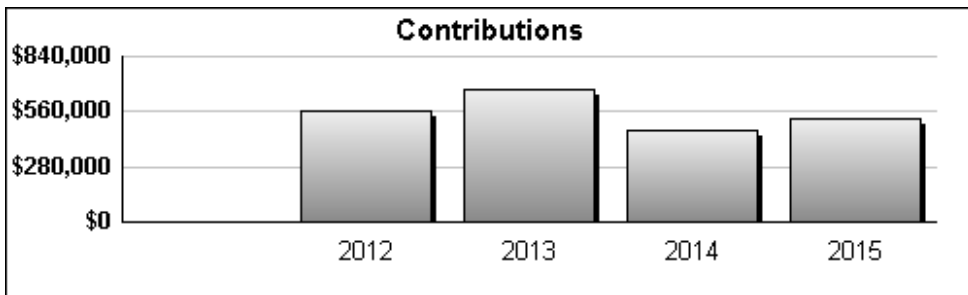
Name MIDWEST MISSION DISTRIBUTION CENTER	Employer Identification Number 37-1391589
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		558,639	675,528	468,667	521,885	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		147	191	304	94	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		513				
Total revenue		559,299	675,719	468,971	521,979	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		36,860	41,500	42,500	43,000	
Other compensation		83,616	89,512	127,066	141,388	
Professional fees			31,086	10,068	5,270	
Occupancy costs		39,041	33,017	46,854	39,580	
Depreciation and depletion		56,070	53,620	51,521	54,067	
Other expenses		272,158	256,682	303,133	195,404	
Total expenses		487,745	505,417	581,142	478,709	
Excess or (Deficit)		71,554	170,302	-112,171	43,270	
Total exempt revenue		559,299	675,719	468,971	521,979	
Total unrelated revenue						
Total excludable revenue		559,299	191	304	94	
Total Assets		2,381,719	2,592,549	2,493,627	2,516,054	
Total Liabilities		17,282	11,441	16,080	12,940	
Net Fund Balances		2,364,437	2,581,108	2,477,547	2,503,114	

Form 990T	Tax Return History	2015
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Name MIDWEST MISSION DISTRIBUTION CENTER	Employer Identification Number 37-1391589
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

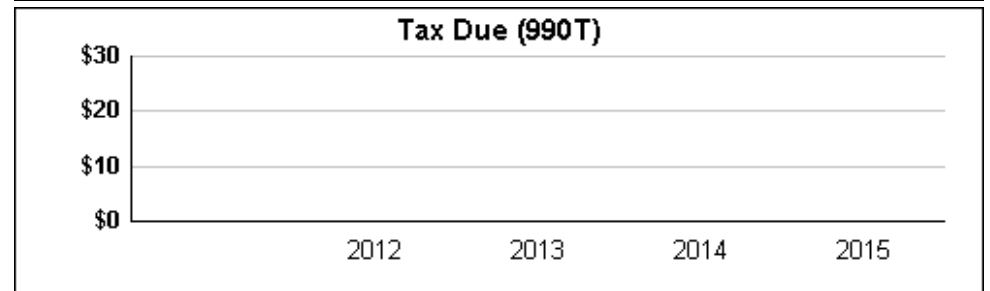
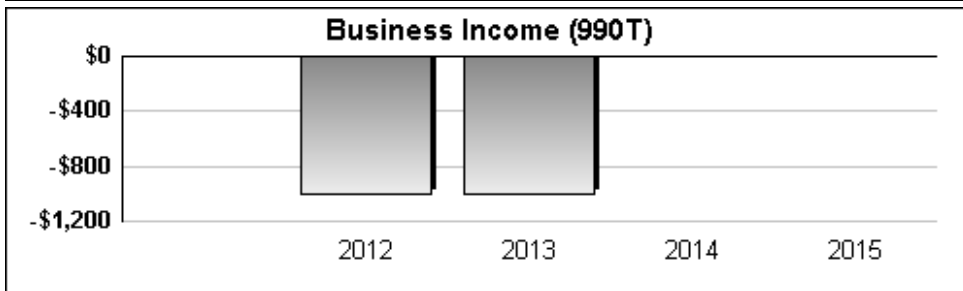
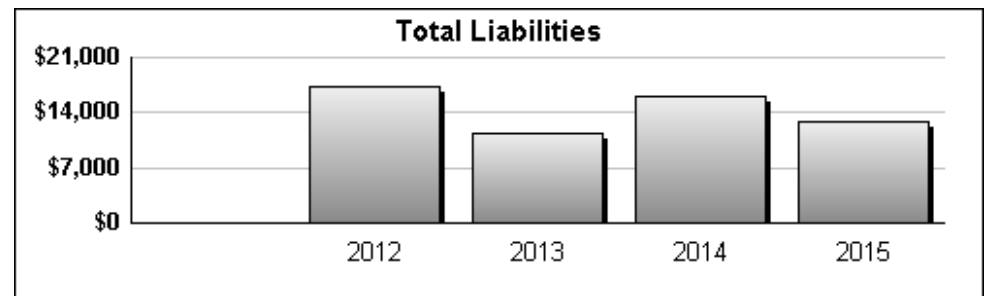
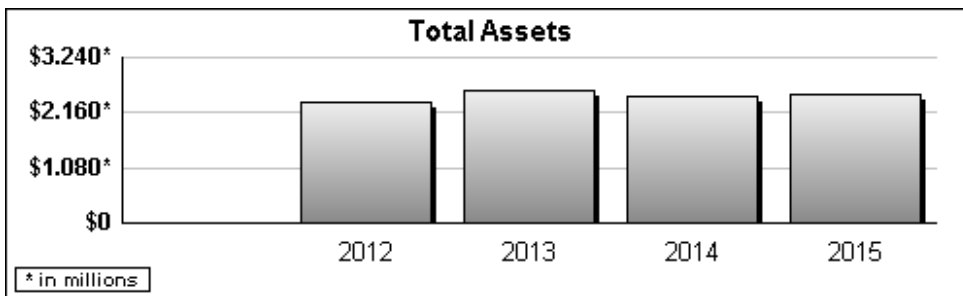


Form 990T	Tax Return History	2015
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Name MIDWEST MISSION DISTRIBUTION CENTER	Employer Identification Number 37-1391589
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 154	\$ 154	\$	\$
TOTAL	\$ 154	\$ 154	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SPECIAL EVENTS	\$ 5,781	\$	\$ 5,781	\$
SHIPPING	4,416	4,416		
EQUIPMENT RENTAL	3,105	3,105		
EQUIPMENT REPAIR	2,539	2,031	508	
TELEPHONE	1,793	1,075	359	359
OTHER REPAIRS	1,144	915	229	
TV NETWORK	1,055	845	105	105
SPECIAL MEALS/FOOD	658	658		
INTERNET	410	410		
MISCELLANEOUS	384		384	
TRAINING	361	361		
LICENSES & PERMITS	207	207		
BANK FEES	195		195	
TOOLS/MACHINERY	172	172		
WEBSITE COSTS	40	32	4	4
COMPUTER EXPENSE	20		20	
TOTAL	\$ 22,280	\$ 14,227	\$ 7,585	\$ 468

Federal Statements**Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
FIRST UNITED METHODIST CHURCH CASH CONTRIBUTION	\$ 488,407 28,222
UNITED METHODIST CHURCH CASH CONTRIBUTION	5,256
TOTAL	\$ <u>521,885</u>

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 94 \$ <u>94</u>