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**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** 6/01 , 2008, and ending 5/31 , 2009

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p><b>C</b></p> <p>FT LEONARD WOOD THRIFT SHOP P.O. BOX 118 FORT LEONARD WOOD, MO 65473</p>	<p><b>D</b> Employer identification number 43-6061678</p> <p><b>E</b> Telephone number 573-329-4707</p> <p><b>F</b> Group Exemption Number</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Organization type** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 185,449.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	561.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>6b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
	<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	184,888.
	<b>7b</b> Less cost of goods sold	<b>7b</b>	
	<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	184,888.
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	185,449.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	32,368.
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	49,275.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	2,325.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	13,524.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ SEE STATEMENT 1)	<b>16</b>	57,565.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	155,057.
ASSETS	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	30,392.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	54,885.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	85,277.

**Part II Balance Sheets** (Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	50,689.	81,108.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ SEE STATEMENT 2)	8,252.	8,415.
<b>25 Total assets</b>	58,941.	89,523.
<b>26 Total liabilities</b> (describe ▶ SEE STATEMENT 3)	4,056.	4,246.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	54,885.	85,277.

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**Part V Other Information** (Note the statement requirement in General Instruction V.)

**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
<b>33</b>		X

**34** Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

<b>34</b>		X
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**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

**a** Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

<b>35a</b>		X
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**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

<b>35b</b>		
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**36** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

<b>36</b>		X
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**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions

▶ **37a** | 0.

<b>37a</b>		
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**b** Did the organization file **Form 1120-POL** for this year?

<b>37b</b>		X
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**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

<b>38a</b>		X
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**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved

**38b** | N/A

**39** 501(c)(7) organizations. Enter

**a** Initiation fees and capital contributions included on line 9

**39a** | N/A

**b** Gross receipts, included on line 9, for public use of club facilities

**39b** | N/A

**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.

<b>40a</b>		
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**b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I

<b>40b</b>		X
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**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

▶ 0.

**d** Enter amount of tax on line 40c reimbursed by the organization

▶ 0.

<b>40c</b>		
<b>40d</b>		

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

<b>40e</b>		X
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**41** List the states with which a copy of this return is filed ▶ NONE

**42a** The books are in care of ▶ PAULA MARSHALL

Telephone no ▶ 573-329-4707

Located at ▶ P.O. BOX 118 FT LEONARD WOOD MO

ZIP + 4 ▶ 65473

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		X

If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

<b>42c</b>		X
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If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

▶  N/A  
▶ **43** | N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

<b>45</b>		X
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**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 6

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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: *Tiffany L. Cannon* Date: *4/22/10*  
 Type or print name and title: *TIFFANY L. CANNON - Manager*

Paid Preparer's Use Only

Preparer's signature: *Wally Malone* Date: *4.12.10*  
 Firm's name (or yours if self employed), address, and ZIP + 4: *VERKAMP & MALONE, CPA'S*  
*401 FIFTH STREET*  
*ROLLA, MO 65401*  
 Check if self employed:   
 Preparer's Identifying Number (See instructions): *496-58-4512*  
 EIN: *43-1290898*  
 Phone no: *(573) 364-2246*

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 BAA Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						

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

13 **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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** 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 – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	227,254.	199,030.	203,025.	156,136.	184,888.	970,333.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	227,254.	199,030.	203,025.	156,136.	184,888.	970,333.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						970,333.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	227,254.	199,030.	203,025.	156,136.	184,888.	970,333.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	439.	430.	439.	247.	561.	2,116.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	439.	430.	439.	247.	561.	2,116.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						972,449.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	99.8 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.8 %

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.2 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.2 %

19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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



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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	366.
COMMISSIONS		42,752.
DEPRECIATION		1,699.
INSURANCE		3,993.
OFFICE EXPENSES		692.
OTHER		325.
REPAIRS		1,180.
SUPPLIES		3,665.
TELEPHONE		1,956.
VOLUNTEER EXP.		937.
<b>TOTAL</b>	<b>\$</b>	<b><u>57,565.</u></b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 378.	\$ 400.
MACHINERY AND EQUIPMENT	3,987.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	3,721.
<b>TOTAL</b>	<b><u>\$ 3,887.</u></b>	<b><u>\$ 4,294.</u></b>
	<b><u>\$ 8,252.</u></b>	<b><u>\$ 8,415.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,056.	\$ 4,246.
<b>TOTAL</b>	<b><u>\$ 4,056.</u></b>	<b><u>\$ 4,246.</u></b>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE A RETAIL SALES OUTLET FOR MILITARY PERSONNEL.

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STATEMENT 5  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RENEE MIDKIFF P O BOX 118 FT WOOD, MO 65473	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
CLAUDIA AVILA PO BOX 118 FT. LEONARD WOOD, MO 65473	PUBLICITY 0	0.	0.	0.
GAIL WILLIAMSON P.O. BOX 118 FT. LEONARD WOOD, MO 65473	CHAIRMAN 0	0.	0.	0.
PAT CUMMINS P.O. BOX 118 FT LEONARD WOOD, MO 65473	VICECHAIRPERSON 0	0.	0.	0.
WENDY MAGNIA P.O. BOX 118 FT LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
LISA ASCUNCE P.O. BOX 118 FT LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
BRAD COMBS P.O. BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
COLEEN TWITCHELL P.O. BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
KELLY HOWLEY P.O. BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
K MIZE P.O. BOX 118 FT LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
SUE SOLUM PO BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.
LISA SHEREDY PO BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	0.	0.	0.

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**STATEMENT 5 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAWN PHILLIPS PO BOX 118 FT. LEONARD WOOD, MO 65473	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
TIFFANY CANNON PO BOX 118 FT. LEONARD WOOD, MO 65473	MANAGER 30.00	13,366.	0.	0.
PAULA MARSHALL PO BOX 118 FT LEONARD WOOD, MO 65473	BOOKKEEPER 10.00	564.	0.	0.
SILVIA PUTNAM PO BOX 118 FT LEONARD WOOD, MO 65473	BOOKKEEPER 10.00	1,410.	0.	0.
NICOLE COCHRAN PO BOX 118 FT. LEONARD WOOD, MO 65473	BOOKKEEPER 10.00	1,687.	0.	0.
TOTAL		\$ 17,027.	\$ 0.	\$ 0.

**STATEMENT 6  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO