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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Offer community assistance through low cost goods, and then use the monies to support service in the community Provide Military families conduit to sell their personal Property			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 \$34,000 00 was given out to support Scholarships, Senior citizens, Youth groups, Schools, and Military Active Duty and Veterans over 1,500 people benefitted (Grants \$ 34,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	50,059
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	50,059

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
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 outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		0
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	40e	No
41	List the states with which a copy of this return is filed ▶ KS		
42a	The organization's books are in care of ▶ Kim McMillan Telephone no ▶ (913) 651-9810 2318 south 24th Street Located at ▶ Leavenworth, KS ZIP + 4 ▶ 66048		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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 . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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.				
	Signature of officer		2010-10-04 Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 48-0585190

Name: THRIFT SHOP
Fort Leavenworth thrift shop

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Helen Pompelia P O Box 3003 Fort Leavenworth, KS 660270003	Advisor 2	0	0	0
Cindy Valdez P O Box 3003 Fort Leavenworth, KS 660270003	Board Chairman 8	0	0	0
Sheila Ryan P O Box 3003 Fort Leavenworth, KS 660270003	Secretary 1	0	0	0
Kim McMillan 2318 South 24th Street Leavenworth, KS 66048	Bookkeeper 10	5,900	0	0
Ellen Ammel 1113 Tanglewood Leavenworth, KS 66048	Account Poster 11	5,900	0	0
Mary Kendall 1319 Independence Court Leavenworth, KS 66048	Manager 49	14,000	0	0
Astrid Davis 12219 Pinehurst Drive Kansas City, KS 66109	Assistant Manager 24	9,200	0	0
Terri Bode 605 1st Terrace Lansing, KS 66043	Tuesday Chair 5	0	0	0
Janet Emmerson 14275 NW 64th Terrace Parkville, MO 64512	Day Chairman 6	0	0	0
Jill Meyer 126 Willow Drive Lansing, KS 66043	Member at Large 3	0	0	0
Pat Riner 417 Kickapoo Street Leavenworth, KS 66048	Veteran's Rep 2	0	0	0
Linda Smith 35581 187th Street Leavenworth, KS 66048	Retiree/Security Rep 6	0	0	0
Sue Porter 102 Continental Drive Lansing, KS 66043	Welfare Chairman 7	0	0	0
Robert Zbylut P O Box 3003 Fort Leavenworth, KS 660270003	Custodian 12	4,700	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** THRIFT SHOP

Fort Leavenworth thrift shop

EIN: 48-0585190**Software ID:** 09000073**Software Version:** v1.00

Item No.	1
Class of Activity	Monetary Check
Donee's Name	ALLIANCE AGAINST FAMILY VIOLENCE 190 fam served
Donee's Address	9136821752 secur location 520 Delaware190 LEAVENWORTH, KS 66048
Amount (FMV)	945
Purpose of Payment to Affiliate	help abused families
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Monrtary check
Donee's Name	American Legion Post 23
Donee's Address	418 Cherokee p o box 298 Leavenworth, KS 66048
Amount (FMV)	1,510
Purpose of Payment to Affiliate	Support youth prog.
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Monetary check
Donee's Name	American legion Post 411
Donee's Address	po box 410 Lansing, KS 66043
Amount (FMV)	810
Purpose of Payment to Affiliate	Support youth prog.
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Monetary Check
Donee's Name	Boy Scouts
Donee's Address	po box 3301 Fort leavenworth, KS 66027
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Monetary check
Donee's Name	Cub scouts
Donee's Address	po box 3023 fort leavenworth, KS 66027
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	moneary check
Donee's Name	Girl Scouts
Donee's Address	po box3402 Fort leavenworth, KS 66027
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Monetary check
Donee's Name	Catholic RE Program
Donee's Address	Main Post chapel Fort leavenworth, KS 66027
Amount (FMV)	375
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Monetary Check
Donee's Name	Life teen
Donee's Address	Main Post Chapel Ft leavenworth, KS 66027
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Moneary Check
Donee's Name	CASA
Donee's Address	Judical Bld Leavenworth, KS 66048
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Monetary Check
Donee's Name	COUNSIL ON AGING SENIOR CITIZENS
Donee's Address	109 A Delaware ave LEAVENWORTH, KS 66048
Amount (FMV)	1,500
Purpose of Payment to Affiliate	ASSIIST SENIOR CITIZEEN PROGRAMS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	MONETARY CHECKS
Donee's Name	FRIENDS OF LEAVENWORTH HIGH SCHOOL
Donee's Address	p o box 889 LEAVENWORTH, KS 66048
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	MONETARY CHECK
Donee's Name	OPERATION GRADUATION LANSING HIGH SCHOOL
Donee's Address	Lansing High School LANSING, KS 66043
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	MONETARY CHECK
Donee's Name	GOLD STAR MOTHERS Fisher house
Donee's Address	111 Rockville Pike Rockville, MD 208505168
Amount (FMV)	1,150
Purpose of Payment to Affiliate	FISHER HOUSE,WREATHS ASIST WAR VICTIMS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	MONETARY CHECK
Donee's Name	HEARTS APART
Donee's Address	Eisnhower Elementary school Fort Leavenworth, KS 66027
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	MONETARY CHECK
Donee's Name	HUNAN ANIMAL BOND
Donee's Address	P O Box 3101 Fort Leavenworth, KS 66027
Amount (FMV)	335
Purpose of Payment to Affiliate	SUP. PROG ANIMALS VISIT NURSING HOMES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	MONETARY CHECK
Donee's Name	LEAVENWORTH HIGH SCHOOL BAND
Donee's Address	Leavenworth High school 10th street LEAVENWORTH, KS 66048
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	monetary check
Donee's Name	Leavenworth memorial fund
Donee's Address	LVMc p o Box 201 leavenworth, KS 66048
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	monetary check
Donee's Name	Military Family Scholarship fund 35 assisted
Donee's Address	P O Box 3101 FORT LEAVENWORTH, KS 66027
Amount (FMV)	5,000
Purpose of Payment to Affiliate	SCHOLARSHIP
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	MONETARY CHECK
Donee's Name	Organization for International Spouse Sponsors
Donee's Address	OISS CGSC Hall Fort LEAVENWORTH, KS 66027
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	MONETARY CHECK
Donee's Name	ARMY COMMUNITY SERVICE
Donee's Address	615 MCCLELLAN AVE FORT LEAVENWORTH, KS 66027
Amount (FMV)	13,500
Purpose of Payment to Affiliate	FOOD AND OUTREACH ASSIST TO MILITARY
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	monetary check
Donee's Name	Imac Imac operation graduation
Donee's Address	Imaculata High box 510 leavenworth, KS 66048
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: THRIFT SHOP
Fort Leavenworth thrift shop

EIN: 48-0585190

Software ID: 09000073

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
prepaid insurance		302

TY 2009 Other Expenses Schedule**Name:** THRIFT SHOP

Fort Leavenworth thrift shop

EIN: 48-0585190**Software ID:** 09000073**Software Version:** v1.00

Description	Amount
Insurance	1,427
Volunteer Child Care	347
Volunteer Aprec.	390
SUPPLIES	1,649
tELEPHONE	587
POST BOX RENTAL	60
CREDIT CARD CO. FEE	1,480
MISC.	467
Fica	3,037
futa	540

TY 2009 Other Liabilities Schedule**Name:** THRIFT SHOP

Fort Leavenworth thrift shop

EIN: 48-0585190**Software ID:** 09000073**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Sales,State tax,consgn eom payments payable	2,598	3,027

TY 2009 Other Revenues Schedule

Name: THRIFT SHOP

Fort Leavenworth thrift shop

EIN: 48-0585190

Software ID: 09000073

Software Version: v1.00

Description	Amount
Outdated checks	599
withdrawal fees	41
miscellaneous	68