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K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 94,174

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	125
	5a	Gross amount from sale of assets other than inventory	5a	0	
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)				
c	Less direct expenses from gaming and fundraising events	6c	0		
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	92,650		
b	Less cost of goods sold	7b	13,619		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	79,031		
8	Other revenue (describe in Schedule O)		8	1,399	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	80,555	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	30,270
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	43,500
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe in Schedule O)		16	8,616
	17	Total expenses. Add lines 10 through 16		17	82,386
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,831
	19	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)		19	25,555
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	23,724

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

(See the instructions for Part II)															(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	.	.	.	.	.	28,280	22	26,599	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.	.	.	0	23	0	
24	Other assets (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	302	24	399	
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	.	.	28,582	25	26,998	
26	Total liabilities (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	3,027	26	3,274	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.	.	.	.	.	.	.	.	.	.	.	.	.	25,555	27	23,724	

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this 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 \$30,270 00 was given out to support Scholarships, Senior citizens, Youth groups, Schools, and Military Active Duty and Veterans over 1,500 people benefitted (Grants \$ 30,270) If this amount includes foreign grants, check here . . . ☐	28a	65,735
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	65,735

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 Located at ☐ 2318 south 24th Street 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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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		2011-09-26 Date	
	Mary Kendall Manager Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification 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

YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THRIFT SHOP	Employer identification number 48-0585190
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Identifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	outdated checks,withdraw al fees,misc

Identifier	Return Reference	Explanation
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	Welfare Donations to Community Organizations

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Insurance exp ,tax exp,creditcard exp, volunteer exp, maintenance exp, office and cleaning supply exp

Identifier	Return Reference	Explanation
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	prepaid Insurance

Identifier	Return Reference	Explanation
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	federal,state taxes payable,consignor's commssion,sales tax,fica all payable

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 48-0585190
Name: 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 12	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 15	6,000	0	0
Ellen Ammel 1113 Tanglewood Leavenworth, KS 66048	Account Poster 10	6,000	0	0
Mary Kendall 1319 Independence Court Leavenworth, KS 66048	Manager 50	15,900	0	0
Astrid Davis 12219 Pinehurst Drive Kansas City, KS 66109	Assistant Manager 24	10,200	0	0
Terri Bode 605 1st Terrace Lansing, KS 66043	Tuesday Chair 6 00	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 4	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 5	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	4,800	0	0