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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

A For the 2011 calendar year, or tax year beginning		, 2011, and ending		20
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>THRIFT CENTER FOR THE HANDICAPPED</b> <b>Number &amp; street (or P O box, if mail is not delivered to street addr)</b> <b>1805 W PHILIP</b> <b>Room/ suite</b> <b>City or town, state or country, and ZIP + 4</b> <b>NORTH PLATTE NE 69101</b>		<b>D Employer identification number</b> <b>47-0603924</b>
<b>E Telephone number</b> <b>(308) 532-4778</b>				
<b>F Group Exemption Number</b> <b>►</b>				
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify) ►</b> _____				<b>H Check ►</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I Website:</b> ► <u>N/A</u>				
<b>J Tax-exempt status</b> (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check ►</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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				
<b>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 ► \$ <b>63,155</b></b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b>		(see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I		<input checked="" type="checkbox"/>		
REVENUE	1 Contributions, gifts, grants, and similar amounts received		1	62,878
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	
	4 Investment income		4	277
	5a Gross amount from sale of assets other than inventory	5a	5c	
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events		6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		7c		
c Less direct expenses from gaming and fundraising events	6b			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c			
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)		8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	63,155	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)		10	36,700
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	17,689
	15 Printing, publications, postage, and shipping		15	429
	16 Other expenses (describe in Schedule O)		16	9,578
ASSETS	17 Total expenses Add lines 10 through 16		17	64,396
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,241
	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	35,774
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20		21	34,533

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For Paperwork Reduction Act Notice, see the separate instructions

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Form 990-EZ (2011)

## Part II Balance Sheets. (see the instructions for Part II )

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	35,774	22 34,533
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets . . . . .</b>	<b>35,774</b>	<b>25 34,533</b>
26	<b>Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26 0</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>35,774</b>	<b>27 34,533</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

What is the organization's primary exempt purpose? SEE ATTACHMENT #1  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE ATTACHMENT #2

(Grants \$ 36,700 ) If this amount includes foreign grants, check here  ▶ 28a 24,891

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)

a

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24,891

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instr 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) Reportable compensation (Form W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ►	40b	X
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		
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		
41 List the states with which a copy of this return is filed. ► NE		
42a The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no ► Located at ►		
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	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ►	42c	X
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	43	X
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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		N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
45b 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 may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

	Yes	No
46		X

**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, and complete the tables for lines 50 and 51

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

47 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

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as 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?

b 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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

►  Yes  No

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	► <i>Marion Keith</i>	Date <i>2/28/12</i>
	► <i>Treasurer</i>	Type or print name and title

Paid Preparer Use Only	Print/Type name of preparer <i>Marion Keith</i>	Preparer's signature <i>Marion Keith</i>	Title <i>TREASURER</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00124682</i>
	Firm's name <i>H &amp; R BLOCK</i>			Firm's EIN <i>47-0752192</i>	
	Firm's address <i>503 E 4TH ST</i>			Phone no <i>308-532-8685</i>	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**THRIFT CENTER FOR THE HANDICAPPED**

Employer identification number  
**47-0603924**

**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)  
 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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
 (ii) A family member of a person described in (i) above? \_\_\_\_\_  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_  
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (i) listed in your governing document?		(V) Did you notify the organization in col (i) of your support?		(VI) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2011

**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) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").						
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 . . .	54,919	56,540	58,650	61,347	62,878	294,334
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 . . . . .	54,919	56,540	58,650	61,347	62,878	294,334
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) . . . . .						294,334

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . . . .	54,919	56,540	58,650	61,347	62,878	294,334
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	176	120	57	43	277	673
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	176	120	57	43	277	673
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 IV) . . . . .						
13 Total support (Add lines 9, 10c, 11, and 12) . . . . .	55,095	56,660	58,707	61,390	63,155	295,007
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 . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.77	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16		%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.23	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18		%
19a 33 1/3 % support tests -- 2011. 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 . . . . . ► <input checked="" type="checkbox"/>			
b 33 1/3 % support tests -- 2010. 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 . . . . . ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>			

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THRIFT CENTER FOR THE HANDICAPPED

Employer identification number

47-0603924

LINE 10

SEE ATTACHED STATEMENT

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LINE 16

SEE ATTACHED STATEMENT

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending
Name of Organization THRIFT CENTER FOR THE HANDICAPPED	Employer Identification Number 47-0603924
<b>Primary Purpose</b>	
TO PROVIDE FINANCIAL ASSISTANCE TO NEEDY INDIVIDUALS, NON-PROFIT ORGANIZATIONS, AND CHARITIES IN AND AROUND NORTH PLATTE, NEBRASKA.	

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning		, and ending
INSPECTION			
Name of Organization		Employer Identification Number	
THRIFT CENTER FOR THE HANDICAPPED		47-0603924	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	36,700	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
USED PROFIT FROM THE SALE OF DONATED ITEMS TO PROVIDE FINANCIAL SUPPORT TO NEEDY INDIVIDUALS, NON-PROFIT ORGANIZATIONS, AND MISCELLANEOUS CHARITIES, SUCH AS VARIOUS FOOD PANTRIES, IN AND AROUND NORTH PLATTE, NEBRASKA.			

## 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
THRIFT CENTER FOR THE HANDICAPPED	47-0603924	
Part V - Line 42a		

Individual Name ..... MARION KEITH

or  
Business Name *Thrift Center for Handicapped*

Street Address - Treasurers Home -  
Business address 1805 WEST PHILIP  
*214 west 47th*

U S Address

Zip code 69101 City NORTH PLATTE State NE  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (308) 532-4778

Fax Number .....

# 990 FIVE HIGHEST COMPENSATED EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning , and ending			
Name of Organization <b>THRIFT CENTER FOR THE HANDICAPPED</b>		Employer Identification Number <b>47-0603924</b>		
<b>Part VI   Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees</b>				
(a) Name and Title of Each Employee Paid More Than \$100,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Reportable Compensation Forms W-2/ 1099-MISC	(d) Health benefits, Contributions to Empl Benefit Plans & Deferred Compensation	(e) Estimated amt of other compensations
BONNIE SMITH 1902 WEST E NORTH PLATTE, NE 69101 PHYLLIS CHRISTENSEN 821 SOUTH ASH NORTH PLATTE, NE 69101 PAT HOBAN 2110 WEST C NORTH PLATTE, NE 69101 MARION KEITH 1805 WEST PHILIP NORTH PLATTE, NE 69101	PRESIDENT 30.00  VICE PRESIDENT 15.00 SECRETARY 15.00  TREASURER 15.00	0  0  0  0	0  00  0  0	0  00  0  0

THRIFT CENTER FOR THE HANDICAP  
47-0603924

2011 DETAIL STATEMENTS

PAGE 1

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STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

OFFICE SUPPLIES.....	429
TOTAL CARRIED TO 990 EZ PG 1 LINE 15.....	429

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STATEMENT #2 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

ARNOLD VOLUNTEER FIRE DEPARTMENT.....	1,000
BRADY RURAL FIRE DEPARTMENT.....	1,000
BRIDGE OF HOPE.....	2,000
CITY OF NORTH PLATTE, NEBRASKA.....	2,000
CURTIS VOLUNTEER FIRE DEPARTMENT.....	1,000
GIFT OF HOPE -- CANCER.....	2,000
GRACE MINISTRIES FOOD PANTRY.....	2,000
HERSHEY VOLUNTEER FIRE DEPARTMENT.....	1,000
MAYWOOD VOLUNTEER FIRE DEPARTMENT.....	2,000
RAPE & DOMESTIC ABUSE.....	2,000
SALVATION ARMY.....	3,000
SHRINE TRANSPORTATION FUND.....	5,000
ST PATRICKS CATHOLIC CHURCH FOOD PANTRY.....	2,000
STAPLETON RURAL FIRE DEPARTMENT.....	1,000
SUTHERLAND VOLUNTEER FIRE DEPARTMENT.....	1,000
TYRON VOLUNTEER FIRE DEPARTMENT.....	1,000
WALLACE VOLUNTEER FIRE DEPARTMENT.....	1,000
WELLFLEET VOLUNTEER FIRE DEPARTMENT.....	1,000
YOUTH FOR CHRIST.....	1,000
MISCELLANEOUS.....	4,700

TOTAL CARRIED TO 990-EZ PG 1 LINE 10..... 36,700

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STATEMENT #3 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

INSURANCE.....	1,152
REPAIRS.....	11,731
TELEPHONE.....	345
UTILITIES.....	4,461 + 1608.

TOTAL CARRIED TO 990-EZ PG 1 LINE 14..... 17,689

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STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

CONTRACT LABOR.....	1,060
LEGAL & PROFESSIONAL FEES.....	175
MEALS AT 1/2.....	480
<del>MILEAGE REIMBURSEMENT</del> .....	<i>new Utilities</i>
NEBRASKA LICENSE.....	20
NEBRASKA SALES TAX.....	4,093
NEBRASKA WASTE REDUCTION TAX.....	23
SUPPLIES.....	2,119

2011 DETAIL STATEMENTS

THRIFT CENTER FOR THE HANDICAP  
47-0603924

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TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 9,578

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