See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492137010072

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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, 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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ST PATRICKS BARGAIN STORE INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
103 EAST 35TH PO BOX 79

City or town, state or country, and ZIP + 4
CHANUTE, KS 66720

D Employer identification number
48-1145114

E Telephone number

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶ _____

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

I Website: ▶ NA

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ 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

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 ▶ $ 144,137

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	143,863
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	274
	5a	Gross amount from sale of assets other than inventory — 5a		
	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)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	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)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	144,137
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	105,007
	11	Benefits paid to or for members	11	1,724
	12	Salaries, other compensation, and employee benefits	12	17,875
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	7,644
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,125
	17	**Total expenses.** Add lines 10 through 16	17	137,375
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,762
	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	120,559
	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	127,321

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)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,497	22	75,259
23 Land and buildings	51,062	23	51,062
24 Other assets (describe in Schedule O)	1,000	24	1,000
25 **Total assets**	120,559	25	127,321
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	120,559	27	127,321

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?
To help the needy

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

28 Items are donated which then generated thrift store sales of 143862 Sales are at a minimum value in furtherance of its primary purpose to help needy (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	0
29 Gifts to charitable groups and chuches total 105005 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	0
30 Operating expenses excluding turkeys and lunches in the amount of 1724 for volunter workers and employees was 30646 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	0
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	0

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

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
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		
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		No
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			
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 . . ▶ _____			
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	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ AUDREY A STANDFAST Telephone no ▶ (620)431-6470

Located at ▶ 516 W 3RD CHANUTE, KS ZIP + 4 ▶ 66720

			Yes	No
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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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 . . . ▶ 43

			Yes	No
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 Form990-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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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 Form990-EZ (see instructions)	45b		No

		Yes	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	46		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		

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
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

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

****** — Signature of officer — 2012-05-17 — Date

AUDREY A STANDFAST TREASURER — 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)
John P Allen CPA	2012-05-16	☑	

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHN P ALLEN CPA, PO BOX 79, Chanute, KS 66720

EIN ▶

Phone no ▶ (620) 431-6470

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☑ **No**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492137010072

SCHEDULE A (Form 990 or 990EZ)

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST PATRICKS BARGAIN STORE INC

Employer identification number
48-1145114

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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)	(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 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)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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 ")	126,436	123,135	130,790	135,307	143,863	659,531
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						
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	126,436	123,135	130,790	135,307	143,863	659,531
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)						659,531

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	126,436	123,135	130,790	135,307	143,863	659,531
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	932	1,256	584	393	274	3,439
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	932	1,256	584	393	274	3,439
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)	127,368	124,391	131,374	135,700	144,137	662,970

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 480 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 380 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 520 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 620 %

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 ☑

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

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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492137010072

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

2011

Open to Public Inspection

Name of the organization
ST PATRICKS BARGAIN STORE INC

Employer identification number
48-1145114

Identifier	Return Reference	Explanation
01 General explanation attachment		ATTACHMENT FOR SCHEDULE A St Patricks Bargain Store Inc provides an outlet for shoes clothing toys household items etc sold at a minimum price in furtherance of one of it primary purposes to help the needy The funds generated are distributed in most case to Churches and other non-profit organizations in support of this purpose St Patricks Bargain Store Inc when it gives funds to organizations it is to only 501 c3 orgainzations or if they assist any non-501c3 organizations it is by purchase or andor donation of or toward in this toward approach with a receipt indicating amount and what it was for and how to be usedspecific goods-items and such a donation of a purchased item or toward a puchased item is for 501c3 purposes that is specific projects that are in furtherance of St Patricks Bargain Store Inc 401c3 exempt purposes St Patricks Bargain Store Inc when it give as a gift funds or clothing to individuals it is on a charitable basis in furtherance of its exempt purposes for which it was organized It maintains adequate records and case histories of such gifts of funds showing names addresses and amount for each aid recipient purpose manner of selection and relaltionship if any between recipient and 1 members officers trustees of the organization 2 grantor or substantial contributor to the organization or a member of the family of either and 3a corporation controlled by a grantor or substantial contributor or order that any or all distributions made to individuals can be substantiated by IRS The organization receives no monetary gifts grants or contributions Donations are from the public as a whole in the form of shoes clothing toys household goods and similiar items In almost all cases the donor or someone else has previously used the items The total value annually of all these items have not been tracked but are sold at a discount or a fraction of what it the sale price would be new regular retail price or fair market value in furtherance of one of the primiary purposes of the organization Sales of these items generated the sales indicated for the years 2007 through 2011 as indicated on Sch A Part III 1 There are no amounts received from disqualified persons
02 List of grants and similar amounts paid (Part I, line 10)		Activity SCHOLARSHIPS FOR COLLEGE STUDENTS Grantee BOBBY BOYD FOUNDATION INC Address 19 SOUTH FOREST Chanute KS 66720 Relationship none Amount 1202 Activity SHELTER FOR ANIMALS Grantee CASTAWAY ANIMAL SHELTER Address PO BOX 313 Chanute KS 66720 Relationship none Amount 3112 Activity FOR CANCER RESEARCH Grantee RELAY FOR LIFE Address 800 WEST 14TH Chanute KS 66720 Relationship none Amount 200 Activity FOR FOREIGH MISSIONS Grantee LWA MISSION Address 20 SOUTH HIGHLAND Chanute KS 66720 Relationship none Amount 1199 Activity Catholic Grade School Grantee St Patrick Catholic School Address 424 SOUTH CENTRAL Chanute KS 66720 Relationship none Amount 1344 Activity TEMPORARY HOUSING FOR THOSE IN NEED Grantee FAITH HOUSE Address 1531 S EVERGREEN Chanute KS 66720 Relationship none Amount 300 Activity YOUTH CHISTIAN CENTER Grantee FIRE ESCAPE COFFEE HOUSE Address 126 WEST MAIN Chanute KS 66720 Relationship none Amount 383 Activity Special Olympics for the Disabled Grantee Special Olympics Chanute KS 66720 Relationship none Amount 620 Activity HELP FOR EXPECTING MOTHERS Grantee BIRTHLINE Address 320 SOUTH CENTRAL Chanute KS 66720 Relationship none Amount 300 Activity After School Program for Children Grantee Cherry Street Address 710 NORTH FOREST Chanute KS 66720 Relationship none Amount 648 Activity Soup Line for Utility Relief Grantee City of Chanute Address City Utility Office Chanute KS 66720 Relationship none Amount 325 Activity ASSISTANCE TO LOCAL CHURCHES Grantee APPROXIMATELY 15 LOCAL CHURCHES Address VARIOUS Chanute KS 66720 Relationship none Amount 88724 Activity ASSIST CHRISTIAN MENS ORGANIZATION Grantee KNIGHTS OF COLUMBUS Address 325 W 21ST Chanute KS 66720 Relationship none Amount 6000 Activity ASSISTING SINGLE PARENTS Grantee BIG BROTHER AND BIG SISTERS Address 521 HILLSIDE DRIVE Chanute KS 66720 Amount 200 Activity AFTER PROM BOOSTER CLUB HELP STUDEN Grantee CHANUTE HIGH SCHOOL Address 1501 WEST 36TH Chanute KS 66720 Amount 250 Activity JOPLIN TORNADO RELIEF Grantee COMMUNITY NATIONAL BANK Address 14 NORTH LINCOLN Chanute KS 66720 Amount 200
03 Description of other expenses (Part I, line 16)		Description Amount ACCOUNTING FEES 75 MISCELLANEOUS 332 SUPPLIES 3768 TELEPHONE 593 BANK CHARGES 150 FRANCHISE TAXES 40 FLOWERS ETC 167
04 Description of other assets (Part II, line 24)		Beginning Category of Year End of Year INVENTORY 1000 1000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492137010072

TY 2011 Compensation Explanation

Name: ST PATRICKS BARGAIN STORE INC

EIN: 48-1145114

Person Name	Explanation
JULIA PETER	Officers and directors are not paid any compensation with exception of the treasurer who is paid 2544 for bookkeeping services

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492137010072

TY 2011 Compensation Explanation

Name: ST PATRICKS BARGAIN STORE INC

EIN: 48-1145114

Person Name	Explanation
HUGO SPIEKER	Officers and directors are not paid with exception of the Treasurer who is paid for bookkeeping services in the amount of 2544

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492137010072

TY 2011 Compensation Explanation

Name: ST PATRICKS BARGAIN STORE INC

EIN: 48-1145114

Person Name	Explanation
JANICE DIMOND	Officers and directors are not paid any compensation with exception of the treasurer who is paid 2544 for bookkeeping services

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492137010072

TY 2011 Compensation Explanation

Name: ST PATRICKS BARGAIN STORE INC

EIN: 48-1145114

Person Name	Explanation
AUDREY A STANDFAST	Audrey A Standfast is treasurer and bookkeeper for the organization and is paid 2544 for that service

Additional Data

Software ID:
Software Version:
EIN: 48-1145114
Name: ST PATRICKS BARGAIN STORE INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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
JULIA PETER RT4 BOX 66C CHANUTE,KS 66720	PRESIDENT 0	0	0	0
HUGO SPIEKER 15575 ELK RD CHANUTE,KS 66720	VICE PRESIDENT 0	0	0	0
JANICE DIMOND 806 S FOREST CHANUTE,KS 66720	SECRETARY 0	0	0	0
AUDREY A STANDFAST 516 W 3RD CHANUTE,KS 66720	TREASURER 3	2,544	0	0