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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 06-01-2011, and ending 05-31-2012

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization

SCOTT CONSIGNOR THRIFT SHOP

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P O BOX 25076

City or town, state or country, and ZIP + 4

SCOTT AFB, IL 622250076

D Employer identification number

37-0896446

E Telephone number

(618) 409-3924

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

I Website:

HTTP://WWW.SCOTTOSC.COM/THRIFT-SHOP/

J Tax-Exempt status (check only one)

501(c)(3)

501(c)(4)

(insert no)

4947(a)(1) or

527

H Check

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

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 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 \$ 73,906

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4
	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	6d	
	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	
Expenses	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	26,377
	b	Less cost of goods sold	7b	24,502
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,875
	8	Other revenue (describe in Schedule O)	8	47,525
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,404
	10	Grants and similar amounts paid (list in Schedule O)	10	31,625
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,836
Net Assets	13	Professional fees and other payments to independent contractors	13	1,737
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	16,526
	17	Total expenses. Add lines 10 through 16	17	70,724
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,320
	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	47,858
	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	26,538

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	44,165	22	20,879
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,675	24	7,372
25	Total assets	49,840	25	28,251
26	Total liabilities (describe in Schedule O)	1,982	26	1,713
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,858	27	26,538

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose? SUPPORT BASEWIDE CHARITABLE FUNCTIONS		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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	THRIFT SHOP PROCEEDS ARE USED TO SUPPORT BASEWIDE CHARITABLE FUNCTIONS (Grants \$ 31,625) If this amount includes foreign grants, check here ☐	28a	59,770
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	59,770

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

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(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 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 ▶ IL		
42a	The organization's books are in care of ▶ JAMIE MESSER Telephone no ▶ (210) 273-4597 P O BOX 25076 Located at ▶ SCOTT AIR FORCE BASE, IL ZIP + 4 ▶ 62225		
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	
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 Form 990-EZ (see instructions)	45b	

		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		
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

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	2012-08-01 Date		
	DIANE COOPER, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	EMILY A PENROD, MSA, CPA	Date 2012-08-06	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	DIEL & FORGUSON, LLC 852 CAMBRIDGE BLVD, STE 100 O FALLON, IL 62269-1957		Preparer's taxpayer identification number (See instructions)
			EIN	Phone no (618) 632-7574

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

Yes No

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
SCOTT CONSIGNOR THRIFT SHOP**Employer identification number**

37-0896446

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	VALUE OF DONATED ITEMS 26,377 COMMISSION SALES 19,259 WITHDRAWAL AND CONTRACT FEES 1,678 STATE SALES TAX 130 RECLAIMED CHECKS 78 MISC INCOME 3 TOTAL 47,525
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	CHARITABLE CONTRIB-FRIENDSHIP CLUB PO BOX 25037 SCOTT AFB, IL 62225 12,650 0 0 CHARITABLE CONTRIB-OSCA PO BOX 25037 SCOTT AFB, IL 62225 12,650 0 0 CHARITABLE CONTRIB-ESC PO BOX 25037 SCOTT AFB, IL 62225 6,325 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 10,453 REGISTER OVERAGE/SHORTAGE 13 INSURANCE 2,576 MEALS & ENTERTAINMENT 414 OFFICE EXPENSE 2,000 TELEPHONE 1,070 TOTAL 16,526
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 3,125 5,000 PREPAID EXPENSES AND DEFERRED CHARGES 2,550 2,372 OFFICE EQUIPMENT 12,516 12,516 LESS ACCUMULATED DEPRECIATION 12,516 12,516 TOTAL 5,675 7,372
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 124 90 PAYROLL LIABILITIES 368 0 ACCRUED PAYROLL 1,490 1,623

TY 2011 Compensation Explanation**Name:** SCOTT CONSIGNOR THRIFT SHOP**EIN:** 37-0896446

Person Name	Explanation
NANCY JOSEPH	
LINDA ANTAYA	
CAROL CARLSON	
JAMIE MESSER	
SUSAN BROWN	
MARSHA PALMER	
DIANE COOPER	

Additional Data

Software ID:
Software Version:
EIN: 37-0896446
Name: SCOTT CONSIGNOR THRIFT SHOP

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
NANCY JOSEPH 1302 HAPS LANE OFALLON,IL 62269	FACILATOR 3 00	0		
LINDA ANTAYA 1109 CREEKSIDE COURT OFALLON,IL 62269	VOL REP 3 00	0		
CAROL CARLSON 3521 SARAH LANE SWANSEA,IL 62226	VOL REP 3 00	0		
JAMIE MESSER 4410A SAMUEL ADAMS CIR SCOTT AFB,IL 62225	MANAGER 12 00	9,758		
SUSAN BROWN 905 N THORNBURY PLACE OFALLON,IL 62269	SECRETARY 3 00	0		
MARSHA PALMER 306 WATERS EDGE BELLEVILLE,IL 62221	VOL CHAIR 3 00	0		
DIANE COOPER 901 PRAIRIE CROSSING OFALLON,IL 62269	TREASURER 3 00	2,875		