



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



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 1 June, 2013, and ending 31 May, 2014

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

C Name of organization
Wright - Patterson Base Thrift Shop

D Employer identification number
31-0864654

E Telephone number
(937) 899-5630

F Group Exemption Number a

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 1624

City or town, state or province, country, and ZIP or foreign postal code
Fairborn, OH 45324-7624

G Accounting Method Cash Accrual Other (specify) a

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) (4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ a \$ 136,071

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

Contributions, gifts, grants, and similar amounts received	1		1	
	2		2	
	3		3	<u>656</u>
	4		4	<u>13</u>
	5a		5c	
	5b			
	6			
	6a			
	6b			
Gaming and fundraising events	6c		6d	
	6d			
	7a	<u>135,402</u>		
	7b	<u>80,115</u>		
Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>55,287</u>		
	8			
Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>55,956</u>		
	10	<u>32,460</u>		
	11	<u>1,752</u>		
	12	<u>5,506</u>		
	13	<u>1,550</u>		
	14	<u>375</u>		
	15	<u>178</u>		
	16	<u>14,135</u>		
Total expenses Add lines 10 through 16	17	<u>55,956</u>		
	18			
Excess or (deficit) for the year (Subtract line 17 from line 9)	19	<u>5,000</u>		
	20			
	21	<u>5,000</u>		

RECEIVED NOV 04 2014

RECEIVED
NOV 17 2014
OPEN UT

UP

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	5000	5000
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	5000	5000
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5000	5000

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? to serve military families

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 Profit from sales after expenses donated to the Wright-Patterson Officers' Spouse Club Welfare Fund which donates to military family support causes & charities in the surrounding community.	28a
29	29a
30	30a
31 Other program services (describe in Schedule O)	31a
32 Total program service expenses (add lines 28a through 31a)	32 32460

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marcha Hudson Xenia, OH	10	0	-	-
Cheryl Whitman Xenia, OH	6	0	-	-
Phylla Lutz Beavercreek, OH	12	0	-	-
Julia Zolowski Beavercreek, OH	10	0	-	-
Lisa Stahl Oakwood, OH	10	0	-	-
Judith Eramnik Beavercreek, OH	8	0	-	-
Fran Naas Beavercreek, OH	5	0	-	-
Jean Chapin Beavercreek, OH	5	0	-	-
Helen Dupray Fairborn, OH	5	0	-	-
Holly Murray Fairborn, OH	10	0	-	-
Lynn Baird Beavercreek, OH	5	0	-	-
Phyllis Antz Beavercreek, OH	20	0	-	-

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 <input type="checkbox"/> Yes, <input type="checkbox"/> provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If <input type="checkbox"/> Yes, <input type="checkbox"/> 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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> to line 35a, has the organization filed a Form 990-T for the year? If <input type="checkbox"/> No, <input type="checkbox"/> provide an explanation in Schedule O		<input checked="" type="checkbox"/>
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions a <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part II and enter the total amount involved <u>38b</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 a _____, section 4912 a _____, section 4955 a _____		
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part I		<input checked="" type="checkbox"/>
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 a _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization a _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed a _____		
42a	The organization's books are in care of a <u>Phyllis Artz</u> Telephone no <u>(937) 829-5620</u> Located at a <u>Bldg. #95, WPAFB, OH</u> ZIP + 4 a <u>45433</u>		
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 <input type="checkbox"/> Yes, <input type="checkbox"/> enter the name of the foreign country a _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If <input type="checkbox"/> Yes, <input type="checkbox"/> enter the name of the foreign country a _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 <input type="checkbox"/> Check here and enter the amount of tax-exempt interest received or accrued during the tax year a <u>43</u>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If <input type="checkbox"/> Yes, <input type="checkbox"/> Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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 <input type="checkbox"/> Yes, <input type="checkbox"/> Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

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 title of each employee	(b) 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

f Total number of other employees paid over \$100,000 a _____

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 a _____

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 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 *[Signature]* Date *12 October 2014*
 Type or print name and title *PHYLLIS E. ARTZ, Manager*

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions a Yes No