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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 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.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014, and ending 05-31-2015

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THRIFT SHOP

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

Room/suite

P O Box 3003

Grant Avenue

City or town, state or province, country, and ZIP or foreign postal code

Fort Leavenworth, KS 660270003

D Employer identification number

48-0585190

E Telephone number

(913) 651-6768

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: _____

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 INC

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. \$ 99,588

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	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	44
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	98,793
	b	Less cost of goods sold	7b	11,707
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	87,086
	8	Other revenue (describe in Schedule O)	8	751
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,881
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	29,630
	11	Benefits paid to or for members	11	153
	12	Salaries, other compensation, and employee benefits	12	50,440
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	770
	15	Printing, publications, postage, and shipping	15	1,179
	16	Other expenses (describe in Schedule O)	16	8,014
	17	Total expenses. Add lines 10 through 16	17	90,186
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,305
	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	17,116
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,810

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)	
<p>What is the organization's primary exempt purpose?</p> <p>Offer community assistance through low cost goods, and then use the monies to support service in the community Provide Military families conduit to sell their personal Property \$29,630 was given back into community Programs Thousands of people benefitted</p> <p>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</p>			
28 See Additional Data Table			
Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	0

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

[illegible]

Part VOther 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	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
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	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	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Kim McMillan Telephone no ▶ (913) 651-9810 Located at ▶ 2318 south 24th Street Leavenworth, KS ZIP + 4 ▶ 66048		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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	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	
		Yes	No
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	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	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		No

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 ☐

		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 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?		
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 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 ▶

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. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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	<div><div></div></div>			2015-09-05	
	Signature of officer			Date	
Paid Preparer Use Only	Mary Kendall Manager				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

Additional Data

Software ID: 14000267
Software Version: v1.00
EIN: 48-0585190
Name: THRIFT SHOP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Saint Vincent clinic sponsor an exam room for I year and one month of a patients care (Grants \$ 3,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 alliance against Family Violence- New Mattresses for emergency shelterSecurity system for 4 places (Grants \$ 2,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	0
30 council on Aging- Meals on wheels, senior Express, and PALs (Grants \$ 4,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	0
Assistance for all Local School's Band,Graduations hearts apart , sports, food, supplies for special classes (Grants \$ 3,335) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
Ft Leavenworth Scholarships (Grants \$ 3,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
FMWR Army Emerg relief - Family & soldier Outreach programs, food support, stray animal (Grants \$ 8,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
Local American Legions-Baseball programs and youth state programs (Grants \$ 1,370) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
CASA - tables, chairs, tv, DVD player training room equip (Grants \$ 650) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
human society of Atchison - emergency vet care spaying and nuetering (Grants \$ 600) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
Human animal Bond Insurance - visit all the elder homes (Grants \$ 275) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
Wreaths across America for Veteran Cemeteries (Grants \$ 300) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
International Organizations operation programs for foreign soldiers (Grants \$ 600) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0
Lv County Infant Eye exams (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Sheila Ryan Secretary	2	0	0	0
Kim McMillan Bookkeeper	13	5,000	0	0
Ellen Ammel Account Poster	5	3,900		
Mary Kendall Manager	50	18,000		
Astrid Davis Assistant Manager	26	9,350		
Janet Emmerson Board Chair/wed Chairman	7	0	0	0
Jill Meyer Member at Large	4	0	0	0
Pat Riner Veteran's Rep	2	0	0	0
Linda Smith Retiree/Security Rep	9	0	0	0
Sue Porter Welfare Chairman	10	0	0	0
Robert Zbylut Custodian	12	5,400		
KAREN DESSERT SALES ASSISTANT	8	1,920		
Beth Stratton Media Rep/Cashier	11	2,030		
Emily Stratton Floor Assist	2	1,280		

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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
THRIFT SHOP**Employer identification number**

48-0585190

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8	Description,Amount^out date checks,652 withdraw al fees,54 recycle,45^Total,751^
Form 990-EZ, Part I, Line 10	Money donated to organizations in the Military and civilian communities to assist the needs of the community
Form 990-EZ, Part I, Line 16	Description,Amount^Credit card charge,1674 FICA,3859 FUTA,842 INSURANCE,1639^Total,8014^
Form 990-EZ, Part I, Line 20	Description,Amount^Rounding up causes,-1^Total,-1^
Form 990-EZ, Part II, Line 24	Description,EOY Amount^pre paid insurance,338^Total,338^
Form 990-EZ, Part II, Line 26	Description,EOY Amount^Fed Tax,118 Sales Tax,77 consgn eom payment,841 sales Tx,674 FICA TX,1256^Total,2966^