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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047 2008

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ ► See separate Instructions.

Employer Identification number

HS	SC	THRIFT S	SHOP,	INC.					26	5-2949	3058			_
					y Status (All organi	zatione mu	st complet	te this part	(see ins	tructions)				
The	OIG				ause it is (Please che									
. 1	Ĭ	A church, conve	ntion of ch	urches, or a	essociation of churche	e describe	d in section	on 170(b)(1)(A)(I).					
2					1)(A)(II). (Attach Scher									
3		A hospital or a c	coperative	hospital se	rvice organization dea	cribed in s	ection 17	0(b)(1)(A)	(III). (Attac	h Schedul	e H.)			
4	_	A medical resear	rch organi	zanon opera	ated in conjunction with	h a hospita	describe	d in secti	on 170(b)(1)(A)(iii).	Enter the I	nospital	's nam	Θ,
·	_	city, and state.	•										_	
5	۲	An organization	operated f	or the bene	fit of a college or unive	arsity owne	d or open	ated by a	governmer	ntal unit de	ecribed in	sectio	n	
	_	170(b)(1)(A)(lv).												
6	Γ	A federal, state,	or local go	vernment o	r governmental unit de	secnbed in	section '	17 0(b)(1)(/	4)(v).					
7	_	An organization	that norma	ally receives	a substantial part of it	s support	from a gov	vernmenta	unit or fro	om the ger	neral publi	c deac	ibed in	ì
	_	section 170(b)(1)(A)(VI) . (Complete P	art II.)									
8	Γ	A community tru	ıst describ	ed in sectio	п 170(b)(1)(A)(vi). (С	mplete Pa	rt II.)							
9		An organization	that norma	ally receives	(1) more than 33 1/3	% of its su	pport from	n contribut	lons, men	nbership fe	es, and g	7053		
		receipts from ac	avmes rela	ted to its ex	empt functions-subje	ect to certa	in exception	ons, and (2) 110 MORE	from buser	1/3 % OT 10	Š		
And the second of the second o	·	support from gro	oss investi	nentincome	and unrelated busines a 30, 1975. See section	93 (axabie vr 509/aV/	ilicome (i	ete Part III) — Leady	nom basii				٠.
	۔۔۔۔۔۔										~~ ~~ ~~ ~		-	
10	L	4	organized	and operat	ed exclusively to test f	or public 8	atety. See	section 5	09(a)(4). (see Insuru	cuons)			
11	X	An organization	organized	and operat	ed exclusively for the liported organizations of	penetit of,	lo periorm	ine Tuncti Cookay(1) o	ons of, or	to certiy or	it the Soo seatic	. PP		
		purposes of one	e or more p	hat quecup	ported organizations of es the type of support	na orasti	anon and	complete	lines 11e t	hrough 11	h.			
		_	K (IIO DOX I			ype III-Fu					ype III-Ot	hor		
	г	a ∐ Type I		b Type	organization is not co				one or mo					
•	e [By checking this	nan found:	dina manac	ers and other than on	e or more i	bublich su	pported o	rganization	ns describ	ed in sect	оп		
		509(a)(1) or sec			para da la conca a la la con-	0 1,000	publicary of	, ,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 9					
					determination from the	IBS that It	io a Tuno	l Tynello	v Tvoe III	SUDDOFFIN	3			
1		organization, ch				ino tilat k		·, · , po · · ·			, , , , , , , ,			
	-	•			ization accepted any	ift or contr	button tro	m any of t	he					-
•	9	following person	_			,							_	
		•		or indirectly	controls, either alone	or togethe	r with per	sons desc	ribed in (ii))	_		Yes	No
	and (iii) bek	w, the governing body of the supported organization? 11g(i)									X			
(II) A family men			mber of a	person des					<u>1</u>	1 g (ll)		X		
			rolled entity of a person described in (i) or (ii) above?							1g(iii)		X		
!	h	Provide the folk	owing infor	mation abo	ut the organizations th	e organiza	non suppo	orts.		· · · · · · · · · · · · · · · · · · ·				
		411	C(N)	(III) - ((64)				(vi) Is the		(vil) Amount of			
(1)	(i) Name of supported organization					(IV) Is the organization (V) Old you notify the in sol. (I) listed in your organization in sol. (I)				organization in col. (1)		support		
					above or IRC section	governing document? of your support				organized in the		}		
		1			(see Instructions))	<u> </u>	<u> </u>	· · · · ·	N-					
			_			Yes	No	Yes	No	Yes	No			
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	احدم				er xexeculus de la company					TO SECURITY OF THE PERSON OF T		10	= as	21

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ttachment 11: Sch A P	age 1, Par	t I, Line	11h - I	nfo Abo	out Suppo	rted Orgs				
Open to Public		1A-A	1-2008, a	nd andh	09-30-	2009				
nspection For calendar year 200	8 or tax period beg	nning 10-0	1-2008, a							
Name of Organization HSSC THRIFT SHOP, INC. Employer Identification Number 26-2949058										
(a) Name(s) of Supported Organization(s)		Line No. (1 to 9) or IRC Section	Governing Documents	Notify org of support	Organization in the U.S.	Amount of Support				
NUMANE SOCIETY OF REATER SAVANNAH INC	58-0619035	501(c)(3)	x	X	x	195,981				
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0425876271 Nov. 16, 2010 LTR 2695C 0 R 200909 67 26-2949058 00018854

HSSC THRIFT SHOP INC 7215 SALLIE MODD DRIVE SAVANNAH GA 31406



DECLARATION

024683

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Date

Title