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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THRIFTY ATTIC INC <small>Number and street (or P O box, if mail is not delivered to street address)</small> C/O WENDY ARACE, TREASURER 220 OLD STOWELL HILL ROAD <small>City or town state or country, and ZIP + 4</small> LONDONDERRY VT 05148	D Employer identification number 03-0280339 E Telephone number (802) 824-6577 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

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

J Tax-exempt status (check only one) — 501(c) (4) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **66,555.**

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

REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► Refund of overpayment of Vermont sales tax) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 2 66,239. 3 4 7. 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 309. 9 66,555. 10 50,480. 11 12 13 395. 14 4,400. 15 108. 16 7,277. 17 62,660. 18 3,895. 19 2,842. 20 21 6,737.
EXPENSES 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 Total expenses. Add lines 10 through 16	See L-10 Stmt
ASSETS 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(b) See the instructions for Part II 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► See L-24 Stmt) 25 Total assets 26 Total liabilities (describe ► _____) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year (B) End of year 2,842.22 4,628. 0.23 0. 0.24 2,109. 2,842.25 6,737. 0.26 0. 2,842.27 6,737.
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

P.9

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Thrift Shop

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, or other relevant information for each program title

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	Through the sale of clothing and other donated items, needy people are served and cash support is provided to a broad spectrum of community services.	<input type="checkbox"/>	28a	12,180.
	(Grants \$ 50,480.) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	-----	<input type="checkbox"/>	29a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30	-----	<input type="checkbox"/>	30a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
31	Other program services (attach schedule)	<input type="checkbox"/>	31 a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	12,180.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
Sarah E. Waite	President	0.	0.	0.
15 Cody Road	0.00			
Landgrove	VT 05148			
Marion Laselle	Vice President	0.	0.	
Londonderry	VT 05148	0.00		
Joan Armstrong	Secretary	0.	0.	
Londonderry	VT 05148	0.00		
Wendy Arace	Treasurer	0.	0.	
220 Old Stowell Hill Road	0.00			
Londonderry	VT 05148			

Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No
34 X

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, attach a statement explaining why the organization did not report the income on Form 990-T Yes No
35a X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
35b X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No
36 X

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 Yes No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
37b Did the organization file **Form 1120-POL** for this year? Yes 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 period covered by this return? Yes No
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No

39 Section 501(c)(7) organizations Enter Yes No
39a Initiation fees and capital contributions included on line 9 Yes No
39b Gross receipts, included on line 9, for public use of club facilities Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes No
40c 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 ► _____ Yes No
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ Yes No
40e 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 Yes No
41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Wendy Arace Telephone no ► (802) 824-6577
 Located at ► 220 Old Stowell Hill Road Londonderry VT ZIP + 4 ► 05148

42b 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 ► _____ Yes No
42c X

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**
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 ► _____

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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
45 X

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 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? 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?

b 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 and deferred compensation	(e) Expense account and other allowances
None				

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

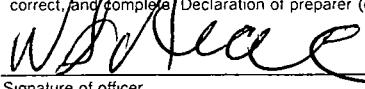
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

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

► 

08/09/10

Date

Signature of officer

Treasurer

► Wendy Arace

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

►  WENDY B. SEIER, EA

Date

08/10/10

Check if self-employed

►

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

► 338 MOUNTAIN LAKE ROAD

EIN

LONDONDERRY

VT 05148

Phone no ► (802) 824-6572

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

BAA

► Yes No

►

►

Depreciation and Amortization
(Including Information on Listed Property)

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Identifying number
03-0280339

Name(s) shown on return

THRIFTY ATTIC INC

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I | Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III | MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		2,187.	7.0 yrs	MQ	200 DB	78.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV | Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	78.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					
					43
44 Total. Add amounts in column (f) See the instructions for where to report					
					44

Name as Shown on Return THRIFTY ATTIC INC	Employer Identification No 03-0280339
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Line 24 - Other Assets:	Beginning of Year	End of Year
Aerus Vacuum Cleaner	0.	681.
Windows	0.	1,428.
Totals to Form 990-EZ, Part II, line 24	0.	2,109.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	78.
Supplies	370.
Bank Service Charges	31.
Equipment Repairs	278.
Plowing	615.
Trash Removal	3,100.
Other repairs and maintenance	188.
Heat	2,024.
Gift Certificate Printing	40.
Sales Tax	555.
Adjustment for rounding	-2.
 Total	 <u>7,277.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment Financial assistance to school activity program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Flood Brook School Activities Cooperative Main Street Londonderry VT 05148	none	500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Assistance to historical society

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Londonderry Historical Society Thompsonburg Road Londonderry VT 05148	none	100.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

Contribution in memory of Sylvia Newell

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Londonderry Volunteer Rescue Squad</u> <u>Rte 100</u> <u>Londonderry</u> <u>VT</u> <u>05148</u>	<u>none</u>	<u>100.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Financial Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non Profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Champion Fire Department</u> <u>Thompsonburg Road</u> <u>South Londonderry</u> <u>VT</u> <u>05155</u>	<u>none</u>	<u>3,600.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

To assist church

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Second Congregational Church</u> <u>Main Street</u> <u>Londonderry</u> <u>VT</u> <u>05148</u>	<u>none</u>	<u>6,500.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

To assist fire company

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Weston Fire Department</u> <u>Rte 100</u> <u>Weston</u> <u>VT</u> <u>05161</u>	<u>none</u>	<u>3,045.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To assist fire department

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Peru Fire Department</u> <u>Main Street</u> <u>Peru</u> <u>VT</u> <u>05152</u>	<u>none</u>	<u>1,800.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To assist fire company

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Phoenix Fire Department</u> <u>Rte 100</u> <u>Londonderry</u> <u>VT</u> <u>05148</u>	<u>none</u>	<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid**Purpose of Payment**To assist in payments for medical treatment for community

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Mountain Valley Medical Clinic Rt 11 Londonderry VT 05148	none	7,500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of PaymentTo assist in providing cultural experiences

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input type="checkbox"/> Person <input type="checkbox"/> Opera Theater of Weston Weston VT 05161	none	250.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of PaymentTo assist financially with historic society costs

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Londonderry Historical Society Thompsonburg Road Londonderry VT 05148	none	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid**Purpose of Payment**To assist in daycare and education of pre-schoolers

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>The Little School</u> <u>On the Green</u>	<u>none</u>	
	<u>Weston</u> VT 05161		
			750.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of PaymentTo assist financially with community services

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Londonderry Cares</u> <u>Main Street</u>	<u>none</u>	
	<u>Londonderry</u> VT 05148		
			2,400.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of PaymentFinancial assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Neighborhood Connections</u> <u>Mountain Marketplace</u>	<u>none</u>	
	<u>Londonderry</u> VT 05148		1,500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment		Financial assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Neighbor's Pantry Rt 11 Londonderry VT 05148	none	2,100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		Financial assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Neighbor's Pantry Giving Tree Rt 11 Londonderry VT 05148	none	600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		Financial Assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Weston Playhouse On the Green Weston VT 05161	none	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment		Financial Assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Londonderry Volunteer Rescue Squad</u> <u>Rt 100</u>	<u>none</u>	
	<u>Londonderry</u> <u>VT</u> <u>05148</u>		<u>2,505.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		Financial Assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Londonderry Volunteer Rescue Squad</u> <u>Rte 100</u>	<u>none</u>	
	<u>Londonderry</u> <u>VT</u> <u>05148</u>		<u>2,200.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		Financial Assistance	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Memorial Park</u> <u>Rte 100</u>	<u>none</u>	
	<u>South Londonderry</u> <u>VT</u> <u>05155</u>		<u>750.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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Grants and Similar Amounts Paid

Continued

Purpose of Payment

Financial Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Flood Brook Student Activities Coop</u> <u>Main Street</u> <u>Londonderry</u> <u>VT</u> <u>05148</u>	<u>none</u>	<u>2,840.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Financial assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>First Baptist Church</u> <u>Rte 100</u> <u>South Londonderry</u> <u>VT</u> <u>05155</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Financial assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Old Parish Church</u> <u>Rte 100</u> <u>Weston</u> <u>VT</u> <u>05161</u>	<u>none</u>	<u>1,100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Grants and Similar Amounts Paid

Continued

Purpose of Payment		<u>Financial assistance</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Non profit</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Peru Congregational Church</u> <u>Main Street</u> <u>Peru</u> <u>VT</u> <u>05152</u>	<u>none</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

Financial Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> West River Sports Association Main Street Londonderry VT 05148	none	490.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Financial Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> South Londonderry Free Library Thompsonburg Road South Londonderry VT 05155	none	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Financial assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Non profit	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Wilder Memorial Library Trout Club Road Weston VT 05161	none	350.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		