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Form **990-EZ**

Short Form

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 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
tess 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

Both Control and Control Con		Α	For the 2009 calendar	year, or tax year beginning Sep 1	, 2009, and	ending Aug 31		, 2010
The contributions of the complete of the com		<u>B</u>		C Name of organization			D Employer	dentification number
Name currous Majest are installation Name consideration Name con		Ц	Address change use IRS	Philadelphia AIDS Thrift			20-3	253349
The complete formation Part Par		Ц	Name change label or					
# Section 807(c/3) organizations and 497(a/1) nonexempt charitable trusts # Section 807(c/3) organizations and 497(a/1) nonexempt charitable trusts ## Section 807(c/3) organizations and 497(a/1) nonexempt charitable trusts ## Section 807(c/3) organizations and 497(a/1) nonexempt charitable trusts ## Check ## If the organization is not section 599(a/3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-C or Form 990 errors. But if the organization is not a section 599(a/3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-C or Form 990 errors. But if the organization chooses to file a return, be sure to file a courn, and a courn		-	Initial return type	 514			(215) 922-3186
**Section SDIC(x/3) organizations and 4947(x/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: **www.phillyaidsthrift.com			Specific			 †		
**Section \$301c(X3) organizations and 493f(X1) monoecompt charitable trusts Website: * www.phillyaidathrift.com			tions	, , , , , , , , , , , , , , , , , , , ,	D2 1			
Website:				<u> </u>				
Website:			• Section 501(c)(3	l) organizations and 4947(a)(1) nonexempt ch	naritable trusts n_E2)			Cash Accrual
Website: \(\) www.phillyaidethrift.com			must atta	ich a completeu Schedule A (Form 990 or 990	U-LZ).			range at an is not
Tare-exempt status (ricek only one)			Wehsite ▶ www nh	nillyaidsthrift.com		required to a	ttach Sche	edule B (Form 990
Check					4947(a)(1) or 527	* I 000 E7 ** 0	90-PF)	3441C D (1 01111 330,
The control of the accomplete return							normally r	of more than
Add lines 5b. 6b, and 7b. to line 9 to determine gross receipts, if \$500,000 or more, frie Form 990 \$ 437,587			\$25,000 A Form 990-E	Z or Form 990 return is not required, but if the	e organization choose	es to file a return, b	e sure to f	ile a complete return
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)								
1 2,166.					o,ooo or more, me r	0/11/ 550	▶ \$	437,587.
1 2,166.		Pa	rt I Revenue, I	Expenses, and Changes in Net Asse	ets or Fund Bala	nces (See the II	nstructio	ns for Part I.)
Numbership dues and assessments 3 4 118.	,					•	1	
A Investment income Sa Gross amount from sale of assets other than inventory Sa b Less cost or other basis and sales expenses Sb Sc Semantification (isos) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line I) b Less direct expenses other than fundraising expenses A 10,550. Sec 10,7755. C C C C C C C C C			_	•	acts		2	
Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b			3 Membership dues	s and assessments			3	
December			4 Investment incom	ne			4	118.
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$			5a Gross amount fro	om sale of assets other than inventory				
Separate Part Separate Se			b Less cost or other	er basis and sales expenses	5 b			
Section Sec	9	R	c Gain or (loss) from sa	ale of assets other than inventory (Subtract line 5b from li	ne 5a)		<u>5c</u>	
Section Sec	20	Ž	6 Special events and ac	_]				
Part		N	a Gross revenue (n	of con	itributions		l	
B Less direct expenses other than fundraising expenses content and expenses content and expenses content expenses content expenses content expenses content expenses ex	80	Ē	reported on line	1)	6 a	10,5	50.	
7a Gross sales of inventory, less returns and allowances 7a 405,603. 7b 7c 405,603. 7b 7c 405,603. 7b 7c 405,603. 7	()		b Less direct expe	nses other than fundraising expenses	6 b	2,7	95.	
Description	E(c Net income or (loss)	from special events and activities (Subtract line 6b from l	ine 6a)	•	6 c	7,755.
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe See Other Revenue Statement 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Excess or (describe See Other Expenses Statement 10 See. L=10, Stmt 10 See. L=10, Stmt 11 Senefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractions 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 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 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 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 (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 See L-26 Stmt) 3 15, 263. 24 3 15, 263. 25 5 Total assets 10 5 435, 607. 20 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7a Gross sales of in	ventory, less returns and allowances			03.	
Selective part 12 183,825 12 12 183,825 13 2,175 13 2,175 14 15 14 15 15 1,159 16 17 17 17 18 18 18 17 18 18	Q		•			<u> </u>		
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Selective part 12 183,825 12 12 183,825 13 2,175 13 2,175 14 15 14 15 15 1,159 16 17 17 17 18 18 18 17 18 18	ड़		9 Total revenue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			▶ 9	434,792.
Selective part 12 183,825 12 12 183,825 13 2,175 13 2,175 14 15 14 15 15 1,159 16 17 17 17 18 18 18 17 18 18	ည္က		10 Grants and simila	ar amounts paid (attach schedule)				58,500.
Salaries, other compensation, and employee benefits Professional fees and other payments to independent contract of the cocupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 16 Other expenses (describe > See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 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) 19 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 376,621. 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 (See the instructions for Part II) 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > See L-24 Stmt) 25 Total assets 26 Total liabilities (describe > See L-26 Stmt) 315,263, 24 315,263. 27 Total liabilities (describe > See L-26 Stmt) 3,527, 26 508.	43	Ε	· '	l l	RECEIV	ED ,		
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14		Ë	13 Professional fees	and other payments to independent contract	的 a	اقا مید		
15		Š	14 Occupancy, rent,	, utilities, and maintenance	NUV 2 2	اران ا ^{لا ک}		
17 Total expenses. Add lines 10 through 16 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 (See the instructions for Part II) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe See L-24 Stmt) 25 Total assets Total liabilities (describe See L-26 Stmt) 3 15,263. 24 315,263. 24 325. 25 443,562. 26 Total liabilities (describe See L-26 Stmt) 3 750. 26 508.								
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Total liabilities (describe See L-26 Stmt 19 376,621.		N S			, column (A)) (must a	igree with end-of-ye	ar	
20 Other changes in net assets or fund balances (attach explanation) See L-21 Stmt 20 5,154. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 443,054. 22 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 (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 64,885. 22 128,299. 23 Land and buildings 0. 23 0. 24 Other assets (describe See L-24 Stmt) 315,263. 24 315,263. 25 Total assets 380,148. 25 443,562. 26 Total liabilities (describe See L-26 Stmt) 3,527. 26 508.		EE	l • .			- 00 5: .		·
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22 Cash, savings, and investments 64,885. 22 128,299. 23 Land and buildings 0. 23 0. 24 Other assets (describe ► See L-24 Stmt) 315,263. 24 315,263. 25 Total assets 380,148. 25 443,562. 26 Total liabilities (describe ► See L-26 Stmt) 3,527. 26 508.		Pa	iπ ii Balance S		are \$1,250,000 or m			
23 Land and buildings 0. 23 0. 24 Other assets (describe ► See L-24 Stmt) 315,263. 24 315,263. 25 Total assets 380,148. 25 443,562. 26 Total liabilities (describe ► See L-26 Stmt) 3,527. 26 508.				·				
24 Other assets (describe > See L-24 Stmt) 315,263. 24 315,263. 25 Total assets 380,148. 25 443,562. 26 Total liabilities (describe > See L-26 Stmt) 3,527. 26 508.				ivesunents		04,		
25 Total assets 380,148. 25 443,562. 26 Total liabilities (describe ► See L-26 Stmt) 3,527. 26 508.			_	20 F 500 I 24 55-5	`	215		
26 Total liabilities (describe ► See L-26 Stmt) 3,527. 26 508.				Je - Dee H-24 Still	,			
				rihe > See I26 Stmt	1			
					/ th line 21)			

Form 990-EZ (2009)

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

Form 990-EZ (2009) Philadelphia Al	- 325	53349 Page 2			
Part III . Statement of Program Se		(See the instruction	ons.)		Expenses
	What is the organization's primary exempt purpose? OPERATION OF THRIFT STORE FOR HIV/AIDS FUNDRAL				
				501 (d ornai	uired for section c)(3) and (4) nizations and section
Describe what was achieved in carrying out the describe the services provided, the number of	persons benefited, or other re	levant information for e	ach	4947	niżations and section (a)(1) trusts, optional
program little				tor o	thers)
28 CONTRIBUTIONS TO VARIOUS					
FOR THE SUPPORT OF INDIV	IDUALS LIVING WITH	HIV/AIDS			
IN THE PHILADELPHIA AREA				1	
	nis amount includes foreign gra	ants, check here		28 a	58,500.
29	iis amount moracos revergir gre				30,000.
				ŀ	
(Grants \$) If the	nis amount includes foreign gra	ants, check here	>	29 a	
30					
(Grants \$) If the	nis amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule					
	nis amount includes foreign gra	ants check here	▶ □	31 a	
32 Total program service expenses (add In		27.10, 01.001(11010		32	58,500.
		nlovees list seet ==	o over if and access		
Part IV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai	t0 ns and	(e) Expense account and other allowances
(w) Hairie and address	to position	paid, circl -u)	deferred compensa		and other anowantes
Mike Wilson					
2523 E Lehigh Ave	Board Pres				
		_		_	
Philadelphia PA 19125	10.00	0.		0.	
Peter Hiler	4				
410 LAWARENCE ST	Board Member				
PHILADELPHIA PA 19147	12.00	0.		0.	
Robert Koptcho					
418 CROSS ST	VP				
PHILA PA 19147	8.00	0.		ο.	
	0.00	<u> </u>			
Barbra Blau	-l				
1515 N HANDCOCK ST	Board member				
PHILADELPHIA PA 19122	8.00	0.		0.	
Caroline Shields					
1123 DICKINSON ST	board member				
PHILADELPHIA PA 19147	8.00	0.		0.	
	· · · · · · · · · · · · · · · · · · ·				
John Cote			1		}
418 CROSS ST	Board Member			_	
PHILADELPHIA PA 19147	8.00	0.		0.	
Tom Brennan	_[
703 S Randolph St	Store Mgr				
PHILADELPHIA PA 19147	40.00	30,260.		Ο.	
Cristina Kallas-Saritsoglou	 				
	- Volunteer Coordinator				
1421 Wolf St	-			_	
Philadelphia PA 19145	40.00	29,935.		0.	
Harry Adamson	-				
2401 Pennsylvania Ave	Board Member				
Philadelphia PA 19130	8.00	0.		0.	
Kiran Matsko					
2313 Walnut St	Board Member				
	-	٥.		Δ.	
· · · · · · · · · · · · · · · · · · ·	8.00	0.		0.	
MaryBeth Sweetra	- _				
1927 S 10th St	Board Member				
Philadelphia PA 19148	8.00	0.		0.	
Donna Ostroff					
716 Crosswicks Rd	Board Treasurer				
Rydal PA 19046	-1	٥.		ο.	
BAA FA19040	TEEA0812 0		L	<u> </u>	Form 990-EZ (2009)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	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			
â	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?	35 a		х
k	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		х
38 a	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?	38 a		x
t	o If 'Yes,' complete Schedule L, Part II and enter the total' amount involved 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	-		
t	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	40 b		х
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			
	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	40 e		x
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of MANAGEMENT Located at 514 BAINBRIDGE ST PHILADELPHIA PA ZIP + 4 > 19147	922	-318	6
ŀ	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)?	42b	Yes	No X
	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 a Foreign Bank and Financial Accounts	42 c	İ	x
•	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 ►	420		
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	,	• 🗆	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>
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	45	.	x

	EZ (2009) Philadelphia AIDS	Thrift		20-32533			age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	nexempt charitable	charitable trusts only e trusts must answer of	. All se questio	ction ns	
for p	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule C	C, Part I		n opposition to candidates	46	Yes	No X
48 Is th	the organization engage in lobbying activit ie organization a school as described in se the organization make any transfers to an	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	ule E	47 48 49 a		X X
b If 'Ye	es,' was the related organization a section in the section in the section is the section in the section is five.	527 organization?		ficers directors trustees an	49b		
emp	n) Name and address of each employee paid	0,000 of compensation (b) Title and average hours per week	from the organization (c) Compensation	f there is none, enter 'None (d) Contributions to employee benefit plans and	(e) Ex		
none	more than \$100,000	devoted to position		deferred compensation	other all	wances	
51 Com	number of other employees paid over \$1 nplete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '		who each received more that	(c) Comp		
none	(a) Name and address of each independent conf			(a) Type of service	(c) comp		
d Tota	al number of other independent contractors	each receiving over \$1	00,000				_
Sign Here	Under penalties of perjury 1 declare that I have examine, correct, and complyie Declaration of preparer Signature of office Type or print name and title	MM	ompanying schedules and state all information of which prepare	11 · 4· / D			
Paid Pre- parer's	Preparer's signature Firm's name (or yours if self		Date 10/18/10	O sell employed ►	irer's Identif instructions)	ying Nui	nber
Use Only	employed) address, and ZIP + 4 587 Haddon Aver Collingswood	iue	NJ 08108	EIN ► Phone no ► (856)	858-	7887	
	RS discuss this return with the preparer sh	nown above? See instruc			X Yes	П	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Employer identification number Name of the organization 20-3253349 Philadelphia AIDS Thrift Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts X 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III- Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1.9 above or IRC section (iv) is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (ii) EIN (vi) Is the (vii) Amount of Support (i) Name of Supported organization in col Organization (I) organized in the your support? (see instructions)) US Yes No Yes No Yes No

Par	t II Support Schedule for (Complete only if you checked	-			(b)(1)(A)(iv) an	id 170(b)(1)(A)((vi)	
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Tota	ıl
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	-							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3				ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4	,			, '				
Sec	tion B. Total Support		,		,				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	ıl
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						,		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12	· .	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		<u>► </u>
Sec	tion C. Computation of Pu	blic Support F	Percentage						
14 15	Public support percentage for 20 Public support percentage from 2	•	•	e 11, column (f)			14 15	 	<u>%</u> %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box	on line 13, and	the line 14 is 33-1	/3 % or mor	e, che	ck this box	▶ □
I	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a,	and line 15 is 33	·1/3% or mo	re, che	eck this box	- □
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explain in	Part IV	' how	- [
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in	Part IV		► □
<u>1</u> 8	Private foundation. If the organization	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	s box and se	e instr	uctions	
BAA					S	chedule A (f	orm 9	90 or 990-EZ	2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support				·		
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,550.	0.	497.	4,782.	2,166.	8,995.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	2,000					
purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513		416,575.	271,970.	299,046.	405,603.	1,393,194.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, 3 received from disqualified	1,550.	416,575.	272,467.	303,828.	407,769.	1,402,189.
persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line	,					
7c from line 6)						1,402,189.
Section B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,550.	416,575. 154.	272,467.	303,828.	118.	1,402,189. 575.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		154.	1/1.	129.	110.	373.
c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		154.	174.	129.	118.	575.
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		3,088.		8,737.	7,755.	19,580.
13 Total support. (add Ins 9, 10c, 11, and 12)						1,422,344.
14 First five years. If the Form 990 organization, check this box and	stop nere		, third, fourth, or	fifth tax year as a	section 501(c)(3) ▶ □
Section C. Computation of Pu			12 (6)		15	00 50%
15 Public support percentage for 20	•	•	rs, column (t))		15	98.58% 98.78%
16 Public support percentage from 2 Section D. Computation of Inv						30./0%
17 Investment income percentage for				n (fl)	17	0.04%
18 Investment income percentage fr			=	//	18	0.05%
19 a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	ne organization did	I not check the box	on line 14, and	line 15 is more th	nan 33-1/3%, and	
b 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ne organization did this box and stop	not check a box of here. The organiz	on line 14 or 19a, ation qualifies as	and line 16 is mo a publicly suppor	ore than 33-1/3%, ted organization	
20 Private foundation. If the organiz	zation did not chec	k a box on line 14	. 19a. or 19b. che	eck this box and s	ee instructions	▶

Schedule	A (Form 990 or 990-EZ) 2009	Philadelphia AIDS	Thrift	20	-3253349	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b	ition. Complete this part t	o provide	the explanations require	d by Part II, line	10;
	Part II, line 17a or 17b	o; and Part III, line 12. Pro	vide any	other additional informat	ion. See instructi	ons.
Other	Income Part III, L	ine 12				
Descr	iption: FUNDRAISING	EVENT				
2006:	_3088					
2008:	_8463					
2009:	_7755					
Descr	iption: REIMBURSEME	NT	. _		 -	
2008:	_274		. _			
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Schedule A (Form 990 or 990-EZ) 2009

Other Assets and Liabilities

. Form 990-EZ Part II

Name as Shown on Return

Philadelphia AIDS Thrift

Employer Identification No 20-3253349

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventory	310,744.	310,744.
Leasehold improvements	4,519.	4,519
Totals to Form 990-EZ, Part II, line 24	315,263.	315,263
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Sales tax payable	3,527.	508
Totals to Form 990-EZ, Part II, line 26	3,527.	508

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f property other Description of P	than cash was given, the following additional information needs to be provided roperty
Date of Gift	
Book Value	How Book Value Determined
FMV	How FMV Determined

Miscellaneous accounting adjustment

Total

5,154.

5,154.

Form 990-EZ, Par Grants and Simila			Continued
Purpose of Payme	ent <u>Contribution</u>		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Donation	Business X Person Mazzoni Center 12 S 12th St Philadelphia PA 19107	similar mission	1,500.
	han cash was given, the following additional interests	nformation needs to be p	rovided
Book Value	How Book Value	Determined	
FMV	How FMV De	termined	
	ge 1, Part I, Line 20 n Net Assets or Fund Balances		
	Description		Amount

Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
Store sales	394,839.
Dealer sales	10,764.
Total	405,603.