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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
THRIFTY ATTIC INC

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

C/O S WAITE 15 CODY RDRoom/suite

City or town, state or country, and ZIP + 4
LANDGROVE, VT 05148

D Employer identification number
03-0280339

E Telephone number
(802) 824-3519

F Group Exemption Number ▶

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)(3)☒ 501(c)(4) ▶(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 138,815

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	69,323
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	91
	5a	Gross amount from sale of assets other than inventory	5c	0
	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	Gaming and fundraising events	6d	0
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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 exceed \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	0
	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 in Schedule O)	8	78
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,492
	10	Grants and similar amounts paid (list in Schedule O)	10	58,650
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,950
Net Assets	13	Professional fees and other payments to independent contractors	13	400
	14	Occupancy, rent, utilities, and maintenance	14	9,913
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	706
	17	Total expenses. Add lines 10 through 16	17	73,619
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,127
	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	7,680
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	3,553

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

Cat No 10642I

Form **990-EZ** (2010)

Part II Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	5,571	22	3,553
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,109	24	
25	Total assets	7,680	25	3,553
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,680	27	3,553

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? Providing financial support to greater community organizations		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28	Thrifty Attic, Inc collects used clothing and some personal property from citizens of the Mountain Valley area, sells the clothing at very affordable prices and grants the revenue generated to area organizations (Grants \$ 58,650) If this amount includes foreign grants, check here	28a	14,969
29	(Grants \$) If this amount includes foreign grants, check here	29a	
30	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	14,969

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 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
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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 ▶ _____		
d	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	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ SARAH WAITE Telephone no ▶ (802) 824-3519 Located at ▶ 15 CODY RD LANDGROVE, VT ZIP + 4 ▶ 05148		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds? 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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		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 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 47-49b and 52.

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? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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 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 & deferred compensation	(e) Expense account and other allowances

50(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

51(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date			
	SARAH WAITE PRESIDENT		2011-04-13			
Paid Preparer's Use Only	Preparer's signature	CHARLES GOODWIN	Date	2011-04-13	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CHARLES GOODWIN CPA PO BOX 61 WESTON, VT 05161			EIN	Phone no
					(802) 824-6817	

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

YesNo

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THRIFTY ATTIC INC	Employer identification number 03-0280339
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Identifier	Return Reference	Explanation
Pt III, Line 31		The Thrifty Attic, Inc operates a thrift shop w hich collects

Identifier	Return Reference	Explanation
		used clothing that remains in good condition and of utility

Identifier	Return Reference	Explanation
		It sells that clothing at very affordable prices It then

Identifier	Return Reference	Explanation
		distributes the net revenue from this activity to community

Identifier	Return Reference	Explanation
		organizations in at least 5 local tow ns, most of w hich are either

Identifier	Return Reference	Explanation
		501(c)(3) or 501(c)(4)organizations, and all of w hich are

Identifier	Return Reference	Explanation
		communnity organizations operating for the public good

Identifier	Return Reference	Explanation
		Persons of all economic strata purchase from Thrifty Attic

Identifier	Return Reference	Explanation
		Some people need to cloth themsw elves for as little money

Identifier	Return Reference	Explanation
		as possible Others purchase from Thrifty because they

Identifier	Return Reference	Explanation
		know there money w ill go to community support

Identifier	Return Reference	Explanation
		The Thrifty Attic has a volunteer staff, so a substantial

Identifier	Return Reference	Explanation
		portion of gross revenues goes to community support

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 8		RECAPTURE OF DEPRECIATION ON NEW WINDOWS AND VACUUM CLEANER INTENDED AS DONATION TO LANDLORD CHURCH IN YEAR OF INSTALLATION - 2009 78

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 10		SUPPORT LOCAL VOLUNTEER EMERGENCY FIRE FIGHTERS VOLUNTEER FIRE CHAMPION FIRE COMPANY OF S LONDONDERRY NONE 2800 SUPPORT LOCAL VOLUNTEER EMERGENCY FIRE FIGHTERS VOLUNTEER FIRE WESTON VOLUNTEER FIRE DEPARTMENT NONE 3000 SUPPORT LOCAL VOLUNTEER EMERGENCY FIRE FIGHTERS VOLUNTEER FIRE WINDHAM VOLUNTEER FIRE DEPARTMENT NONE 1995 SUPPORT LOCAL VOLUNTEER EMERGENCY FIRE FIGHTERS VOLUNTEER FIRE PERU VOLUNTEER FIRE DEPT NONE 999 ENABLE CHURCH TO PURCHASE OFFICE EQUIP'T 501-RELIGIOUS FIRST BAPTIST CHU

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		TAXES - STATE OF VERMONT 249 DONATIONS - CASH FROM P/C 100 BANK SERVICE FEES 7 DONATION TO COMMUNITY 4TH OF JULY PARADE 350

Identifier	Return Reference	Explanation
Form 990EZ, Part II, Line 24		THE THRIFTY ATTIC RENTS A ONE-TIME RESIDENCE 2109 0 FROM THE SECOND CONGREGATIONAL CHURCH OF LONDONDERRY , VT ANY IMPROVEMENTS IT MAKES TO THE PROPERTY ARE INTENDED AS DONATIONS IN KIND TO THE CHURCH THE NEW, ENERGY EFFICIENT WINDOWS, AND A VACUUM CLEANER PURCHASED NEAR YEAR-END 2009 WERE INTENDED AS DONATIONS THERE IS NO MATERIALITY IN THE ISSUE OF WHICH PERIOD THE DONATION IS MADE SO THE DEPRECIATION HAS BEEN RECAPTURED AS OTHER INCOME IN 2010, AND THE COST OF THE NEW ASSETS LISTED AS A GR

Additional Data

Software ID:
Software Version:
EIN: 03-0280339
Name: THRIFTY ATTIC INC

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

(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 & deferred compensation	(E) Expense account and other allowances
SARAH WAITE 15 CODY RD LANDGROVE,VT 05148	Pres 16 00	0		
MARION LASELLE PO BOX 21 LONDONDERRY,VT 05148	Vice Pres 16 00	0		
ANDREA OGDEN 69 LANDGROVE RD LANDGROVE,VT 05148	Sec'y 16 00	0		
BETTY FORBES 573 MIDDLETOWN RD S LONDONDERRY,VT 05155	Member 16 00	0		
EDITH HUSSEY 266 WHITE ROAD NO WINDHAM,VT 05143	Member 16 00	0		
PATRICIA SLADE 877 THOMPSONBURG ROAD S LONDONDERRY,VT 05155	Member 16 00	0		