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Short Form Return of Organization Exempt From Income Tax

2011

OMB No. 1545-1150

Open to Public Inspection

Cat. No. 10642I

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning 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.

A I	For the	2011 calenda	ar year, or tax year beginni	ng	May 1	, 2011,	and ending	9	April 3	ο,	20 1	12
В	Check if ap	plicable	C Name of organization					D En	ıployer id	lentification n	umber	
	Address change Ridgefield Thrift Shop Inc							06-0643072				
	Name char	nge	Number and street (or P.O. box	, if mail is not delive	red to street address)		Room/suite	e E Te	lephone n	umber		
	Instial retur	m	15 Catoonah Street						20	3 438-3328		
Ц	Terminated		City or town, state or country, a	and ZIP + 4			L., .	F G	oup Exe	motion		
Application pending Ridgefield, CT 06877-4412									umber (•	N/A	
_		ing Method:		Other (specify)			I			if the organiz		
	Websit		fieldthriftshop.com	Olica (specify)			—— I			ach Schedul		3 HOL
				501(c)()		(aV1) or	□ 527			0-EZ, or 990-		
								<u>-</u> -		<u>-</u> -		alb.
	Check ►		e organization is not a sectior 0. A Form 990-EZ or Form 9				_		_			-
		-	oses to file a return, be sure t		•	30-14 (C	-posicard)	may be i	equired	(SCC II ISU UCU	<i>л</i> ю, ю	JUL II
	-		b, to line 9 to determine gross			r more	or if total as	sets (Part	n			
			w) are \$500,000 or more, file f				Di 11 (O(Q) (Q)	, w. r.	", ▶ a		100	B610
							/	ho inote	uotion:	for Dort I		3610
۲	art I		e, Expenses, and Cha									
	1 .		the organization used S			Suon	n inis Pa	<i>.</i>			• •	<u> </u>
	1		ons, gifts, grants, and sim						1			0
	2	-	ervice revenue including o	-					2		198	8535
	3		ip dues and assessments	• • • • •					3			
	4	Investment				1 - 1			4	<u> </u>		75
	5a		ount from sale of assets or		•	5a			9			
	þ		or other basis and sales	-		_5b_			의			
	С	•	ss) from sale of assets oth	ner than invento	ry (Subtract line 5b	from li	ne 5a) .		5c			0
^	. 6	Gaming an	d fundraising events									
350	‡ a											
Ę	7	\$15,000) .				6a			0			
Š	b	Gross inco	me from fundraising ever	nts (not including	\$	0 of	contribut	tions				
8		from fundr	aising events reported or	n line 1) (attach	Schedule G if the							
All C. Revenuel 59	3	sum of suc	ch gross income and cont	ributions excee	ds \$15,000) . .	6b			0			
Ţ	c	Less: direc	t expenses from gaming	and fundraising	events	6c			0			
		Net income	e or (loss) from gaming	and fundraising	events (add lines	6a and	6b and	subtract				
SCANNET		line 6c) .							6d			0
Ž	7a	Gross sale	s of inventory, less return	s and allowance	s	7a			0			
\overline{z}	ь	Less: cost	of goods sold			7b			0			
Ą	ြင	Gross profi	it or (loss) from sales of ir	ventory (Subtra	ct line 7b from line	7a) .			7c			0
₹	8	Other reve	nue (describe in Schedule	eO)					8			0
	9	Total reve	nue. Add lines 1, 2, 3, 4,	5c, 6d, 7c, and	8			▶	9		198	3610
	10		similar amounts paid (lis		· 				10		147	7160
	11								11			0
ø	12	•	ther compensation, and e						12		24	1242
38	13		al fees and other paymen						13			0
ĕ	14		y, rent, utilities, and maint	-					14	•	22	2150
Expenses			ublications; postage, and						15			88
_			enses (describe in Schedu						16		11	1869
	17		enses. Add lines 10 throu						17			5509
140		Evener or	(deficit) for the year (Subt	ract line 17 from					18			899)
\$	A of	War Baran	or fund balances at beg	inning of veer	(from line 27 colum	 nn (A)\	(must ac	ree with			,50	
88			r-figure réported on prior						19		227	7286
Net Assets5	207	•	nges in net assets or fund	-					20			
2	اربط		or fund balances at end						21		230	0387
	21		or rund balances at end of				No. 10642I		21	Form 990		
	rugnen	WORK HAGING	ion act Notice. See the ser	araie insulumor	PS.	(201	NO. 106421			FUILI JJU		20111

For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			236642	22	229290
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			644		1097
25	Total assets		• • • • • • •	237286	-	230387
	Total liabilities (describe in Schedule O)				26	0
26	Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·		237286		230387
27					27	230367
Par						Expenses
	Check if the organization used Schedule			Part III		uired for section
Wha	t is the organization's primary exempt purpose?	Donating money to	local charities			c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise measured by expenses, the control of the contro	nanner, describe the	f its three largest per services provided	rogram services, I, the number of	4947	7(a)(1) trusts; optional thers.)
<u> </u>	ons benefited, and other relevant information for ea			Vana da Danama		
28	Sale of used donated merchandise. Sale proceeds i			uons to Reserve	}	
	Fund are distributed to local charitable organization	s as defined in Section	ons 501 (c) (3).			
					l	
	(Grants \$ 147160) If this amount	includes foreign gra	ants, check here .	▶ 📙	28a	147160
29						
						ł
						ł
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	29a	
30						
]	}
		* **** ********				1
	(Grants \$) If this amount	includes foreign gra	ents, check here	▶ 🗆	30a	
21	Other program services (describe in Schedule O)					
31		includes foreign gra		· · · · · ·	31a	
~~					-	+
					132	1 147160
	Total program service expenses (add lines 28a				32	147160
	t IV List of Officers, Directors, Trustees, and Ke	y Employees. List ead	ch one even if not cor	rpensated. (see the	nstru	ctions for Part IV.)
		y Employees. List ead	ch one even if not cor ny question in this	pensated. (see the Part IV	nstru	ctions for Part IV.)
	t IV List of Officers, Directors, Trustees, and Ke	y Employees. List ead e O to respond to a (b) Title and average hours per week	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the Part IV	nstru	ctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	e O to respond to a (b) Title and average	ch one even if not cor ny question in this (c) Reportable compensation	pensated. (see the Part IV	nstru	ctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees. List ead e O to respond to a (b) Title and average hours per week	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the Part IV	nstru	ctions for Part IV.)
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Gen 99 R	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address	y Employees. List eac e O to respond to a (b) Title and average hours per week devoted to position President, As required	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the increase of	nstrui	ctions for Part IV.)
Gen 99 R	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 05877	y Employees. List ear e O to respond to a (b) Title and average hours per week devoted to position President, As	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the increase of	nstrui ee (e)	ctions for Part IV.)
Gen 99 R	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 06877	(b) Title and average hours per week devoted to position President, As required Vice President, As	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the Part IV	nstrui ee (e)	Estimated amount of other compensation
Gen 99 R	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 05877	(b) Title and average hours per week devoted to position President, As required Vice President, As	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the Part IV	nstrui ee (e)	Estimated amount of their compensation
Gen 99 R Carc 26 S	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 06877	y Employees. List eac O to respond to a (b) Title and average hours per week devoted to position President, As required Vice President, As required	th one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the Part IV	nstrui ee (e)	Estimated amount of their compensation
Gen 99 R Carc 26 S	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 06877	y Employees. List eac e O to respond to a (b) Title and average hours per week devoted to position President, As required Vice President, As required	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ripensated. (see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation nor	nstrui	ctions for Part IV.)
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Gen 99 R Carro 26 S Suss 163	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address evieve Fagan ising Ridge Road, Ridgefield, CT 06877 of Gardell outh Shore Drive, Ridgefield, CT 06877	y Employees. List ear O to respond to a (b) Title and average hours per week devoted to position President, As required Vice President, As required Secretary, As required	ch one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ripensated. (see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation nor	nstrui	ctions for Part IV.)
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Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part			
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	
33	detailed description of each activity in Schedule O	33		✓	
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			_ ا	
	change on Schedule O (see instructions)	34		✓	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
36	during the year? If "Yes," complete applicable parts of Schedule N				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			_	
b	Did the organization file Form 1120-POL for this year?	37b		✓	
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			
.	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa			
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
Ь	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		1	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	i			
	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				
е	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		✓	
41	List the states with which a copy of this return is filed. ▶ N/A				
42 a	The organization about are in our one		8-8730		
_	Located at ≥ 27 Sprucewood Lane, Ridgefield, CT ZIP + 4 ≥ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	U00//	-2520 Yes		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7	
	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.	42c			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	-		_ ▼	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			,	
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1	
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		1	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓	
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				
AE-	explanation in Schedule O	44d 45a		1	
45a 45b	Did the organization have a controlled entity within the meaning of section 312(0)(13)?			┸	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ (see instructions)	45b		1	

								Ye	s No
46		he organization engage, directly or in							
		andidates for public office? If "Yes," o						46	✓
Part '	VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	nt charita	ble trusts or	ily. All	section	1
		501(c)(3) organizations and section	on 4947(a)(1) none	rempt charitable	trusts mu	ıst answer qu	estion	ıs 47-4!	9b
		and 52, and complete the tables	for lines 50 and 51	•					
		Check if the organization used Sch	edule O to respond	to any question i	n this Par	t VI		<u></u>	
							_	Yes	s No
47		he organization engage in lobbying a		section 501(h) elec	tion in eff	ect during the	tax		
	year?	If "Yes," complete Schedule C, Part	11				- [47	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	le E	. [48	1
49a	Did t	he organization make any transfers to	an exempt non-cha	ritable related orga	nization?		. [49a	1
b		s," was the related organization a sec					. [4	49b	T
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If there is nor	e, ente	∌r "None	
	(a) N	arne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	leath benefits, tions to employee plans, and deferred empensation		timated am r compens	
None									
							L_		
							L		
				i			1		
				Ì			1		
				<u> </u>					
				i					
f		number of other employees paid over)				
51	Comp \$100	plete this table for the organization's ,000 of compensation from the organ	s five highest compenization. If there is no	ensated independe one, enter "None."	ent contrac	ctors who eac	ı recei	ved mor	re than
(a) l	Name a	nd address of each independent contractor pair	d more than \$100,000	(b) Type of:	service	(0) Compe	insation	
None									
]					
]					
						1			
	-			0100 CCC		<u> </u>	0		
		number of other independent contra			. P	47(-)/4)			
52		he organization complete Schedule A xempt charitable trusts must attach a			ons and 49	47(a)(1)	▶ 🗸	Voc 🗆	No
					· · ·	to the best of my k			
under po	enaities rect, an	of perjury, I declare that I have examined this red complete. Declaration of prepare other than	эштт, including accompan officien) is başığı on all info	ying scriedules and stati irmation of which prepai	er has any kr	io ule best of my K lowledge	iowieagi	o au lu Delk	51, IL 15
		· Sual	2. (rea	mer			7- 76	-12	
Sign	1	Signature of officer				Date	~ ~		
Here	1	▶ Ruth E. Creamer Tre	asurer						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check [i P	TIN	
Paid	are-					self-emplo	- ,		
Prepa		Firm's name ▶	<u> </u>			Firm's EIN ▶			
Use (UTILY	Firm's address ▶				Phone no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				Yes 🔲	No

Form 990-EZ (2011)

Page 4

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization 06-0643072 Ridgefield Thrift Shop Inc. 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. a ☐ Type I b ☐ Type II c Type III-Functionally integrated e 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 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(# Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (iii) EIN (iv) is the organization (v) Did you notify (vii) Is the fwiii) Amount of organization in col. (described on lines 1-9 in col. (i) listed in your ne organization in support organization (f) organized in the U.S.? governing document? col fill of your above or IRC section support? (see instructions)) No Yes Yes Yes (A) **(B)** (C) (D) (E)

Total

	5 · · (· · · · · · · · · · · · · · · ·						
Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	quality diluc	er trie tests in	sted below, p	icase compi	oto r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
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.						
	on B. Total Support	4 3 000-	T = 1 0000		1 4 2 2 2 4 2	1 ()	
Calen 7	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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		<u> </u>				
12	Gross receipts from related activities, etc	•	•			12	5047.765
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	· ·		•	ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2011 (line 6	• • •	•			14	%
15 16a	Public support percentage from 2010 Sch 331/s% support test—2011. If the organization gue	zation did not	check the box		d line 14 is 331		
b	box and stop here . The organization qua 33 1/2% support test—2010 . If the organ check this box and stop here . The organ	nization did no	ot check a box	c on line 13 o	r 16a, and line		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of t	tion meets the leets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st on qualifies as a	, and line op here. a publicly
	supported organization						. ▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	o	0	0	o	o	0
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	180075	169578	174883	186847	198535	909918
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	0	0	0	0
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf	o	o	o	0	o	0
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge	o	o	0	o	o	0
6	Total. Add lines 1 through 5	180075	169578	174883	186847	198535	909918
-	Amounts included on lines 1, 2, and 3	·					
-	received from disqualified persons .	o	o	o	o	ol	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	o	o	o	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		_				
	line 6.)						909918
Secti	on B. Total Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	180075	169578	174883	186847	198535	909918
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	11541	4498	177	57	75	16348
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
c	Add lines 10a and 10b	11541	4498	177	57	75	16348
11	Net income from unrelated business			-			
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	o	o	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	0	0	o	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	191616	174076	175060	186904	198610	926266
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2011 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	98 %
16	Public support percentage from 2010 Sch					16	96 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (y line 13, colur	nn (f))	17	2 %
18	Investment income percentage from 2010	Schedule A, F	Part III, line 17			18	3 %
19a	331/3% support tests-2011. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . 🕨 🔽
b	331/3% support tests-2010. If the organiz						
=	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
N/A		
		
		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Ridgefield Thrift Shop, Inc.	···	06-0643072
Part I, Line 10 Grants and Similar Amounts Paid: \$14	7,160.00	
Contributions: (all of Ridgefield, CT, unless otherwi	se noted)	
Ridgefield Visiting Nurse Association	\$65,300	
Danbury Hospital, Danbury CT	3,000	
Norwalk Hospital, Norwalk, CT	2,500	
Ridgefield Community Center	2,110	·
Ridgefield Library	3,000	······································
Ridgefield Boys and Girls Club	1,500	
Ridgefield Emergecy Fund	8,000	
Ridgefield Fire Department	4,250	
Ridgefield Volunteer Fire Department	4,000	
Keeler Tavern	2,000	
Meals on Wheels	3,000	
Woodcock Nature Center	1,000	
Ridgefield Conservation Commission	2,000	
Ability Beyond Disability, Bethel, CT	1,500	
Women's Center of Greater Danbury, CT	3,000	
Ridgefield Police Benevolent Association	500	
FISH	2,000	
A Better Chance In Ridgefield	1,500	
Regional Hospice, Danbury, CT	2,500	
Discovery Center at Ridgefield	1,000	
Evelyn C. Peeler Children's Holiday Gift Fund	2,500	
Dorothy Day Hospitality House, Danbury, CT	2,000	
Housatonic Habitat for Humanity, Danbury, CT	2,000	
Sunrise Cottage of Ridgefield	1,000	