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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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identific	ation number
Г	Addres	THE THRIFT SHOP			
F	Name change			74-22	291594
Ē	Initial		Room/suite	E Telephone number	
	l'ermin ated				925-8292
	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	617,731.
	Application	Aspen, CO 81612		H(a) is this a group re	turn
	pendin	F Name and address of principal officer:LYNDA MACCARTHY		for affiliates?	Yes X No
		422 E. HOPKINS AVENUE, ASPEN, CO 81611	<u> </u>	H(b) Are all affiliates incl	uded? Yes No
I	Tax-exe	mpt status: X 501(c)(3) 501(c)() (Insert no) 4947(a)(1) o	or 🔲 527	If "No," attach a	list. (see instructions)
J	Websit	e: ► N/A		H(c) Group exemption	number -
K	Form of	organization X Corporation Trust Association Other ▶	L Year	of formation 1983 N	State of legal domicile CO
P	art I	Summary			
ģ.	1	Briefly describe the organization's mission or most significant activities: ${ t Suppc}$	ort of	youth and	numan
ano		service organizations			
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
) Voč	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	110
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<u> </u>
		Contributions and grants (Part VIII, line 1h)]	Prior Year	Current Year
e	8		l ⊢	543,018.	553,339.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 374, and 7d) 2 2 2012	{ 	0.	0.
á	10	1W1 = EUIJ 1	;	9,937.	9,616.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	805.	16,710.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII. column (A), line 12)		553,760.	579,665.
	13	Grants and similar amounts paid (Part IX, column (A), lines 13)	-	602,299.	443,394.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Fxnenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.1	0.	0.
ı. X	Ь	Total fundraising expenses (Part IX, column (D), line 25) 4,79	91.	133,924.	142 567
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	736,223.	143,567.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	-182,463.	586,961.
- :	19 g	Revenue less expenses Subtract line 18 from line 12			<u>-7,296.</u>
ts o		Total consta (Dort V. loga 40)	В	eginning of Current Year 2,336,838.	End of Year 2,334,962.
SSE	음 20 의 21	Total assets (Part X, line 16)	-	17,050.	
Net Assets or	21	Total liabilities (Part X, line 26)	 	2,319,788.	4,501. 2,330,461.
,	리 22 Part II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,319,700.	2,330,401.
		4 		nanta and to the best of	. translates and belief due
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
LIL	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	i ilas any knowledge.	
e:		Signature of efficer		Date Date	
	gn	LYNDA MACCARTHY, TREASURER		54.5	
111	ere	Type or print name and title			
_			11	Date Check	X PTIN
p.	ıid	Print/Type preparer's name Tim Herreid, CPA PC Prepare/fighting	// / 1	02/28/13 self-employ	 _
	eparer	Firm's name Tim Herreid CPA PC			84-1178341
	e Only	Firm's address 117 S. Spring Street		Firm's EIN	04-11/0341
US	ic only	Aspen, CO 81611		Dhara - O	70 925 2824
	av tha II	RS discuss this return with the preparer shown above? (see instructions)		Phone no 9	X Yes No
141	ա <u>y և ⊪Ե</u>	to discuss this return with the preparet shown above? (See IIIStructions)			LALITES LINO

Part IV	Che	cklist	of F	Required	Sc	hedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	_4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-0		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			† -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	L	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ļ		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Ear-	, aan	(2012)

Form 990 (2012) THE THRIFT SHOP

Part IV Checklist of Required Schedules (continued)

•	ļ		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ļ	•	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		<u> X</u>
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization 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	Ì		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	202	ŀ	х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	├──	<u>^</u>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	 	1
-	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
		Form	990	(2012

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes Nο 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3ь b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? R Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes." enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
a	The governing body?	8a	Х	1				
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u> </u>				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
	The state of the s		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	ļ					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CO							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•					
	Lynda MacCarthy - 970-925-8292							
	Box 117 Aspen 81612							

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

X Check this box if neither the organization n	or any related	organization compensat												
(A)	(B)	(C)						(D)	(E)	(F)				
Name and Title	Average	(do		Pos heck		than (ne	Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	s bot	n an	compensation	compensation	amount of				
	week		er an	dad	recto	r/trus	tee)	from	from related	other				
	(list any	윮						the	organizations	compensation				
	hours for	o d	l se			age		organization	(W-2/1099-MISC)	from the				
	related	stre	ag l		92	bens		(W·2/1099·MISC)		organization				
	organizations	T F	Page 1		e e	ទីន				and related				
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations				
		드	트	-8	포	ੁ = 5	-F							
(1) LYNDA MACCARTHY	15.00			X				0.	0.	^				
TREASURER	6 00		 	^		}		<u> </u>		0.				
(2) MARGARET SIMMONS	6.00	-		٠,						0				
SECRETARY	15 00	-	-	X	-	-	_	0.	0.	0.				
(3) PATTI STRANAHAN	15.00									_				
CO PRESIDENT	10 00	<u> </u>		X	_	-	_	0.	0.	0.				
(4) DIANE WALLACE	10.00						ļ			_				
CO PRESIDENT		<u> </u>		Х		ļ		0.	0.	0.				
(5) SUE KOLBE	4.00								_	_				
BOARD MEMBER			_	<u> </u>		<u> </u>		0.	0.	0.				
(6) CAROLYN MOORE	4.00			1		İ								
BOARD MEMBER	<u> </u>							0.	0.	0.				
(7) SHERRI DRAPER	4.00		ļ		ļ		l							
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(8) KAREN RYMAN	8.00		1											
BOARD MEMBER]		Ì			1	0.	0.	0.				
(9) CINNAMON HOUGHES	5.00													
BOARD MEMBER			1	l	1			0.	0.	0.				
(10) SAM LOURAS	5.00													
BOARD MEMBER]_	ļ	_		ļ	ļ	0.	0.	0.				
(11) KATHERINE SAND	5.00													
BOARD MEMBER								0.	0.	0.				
(12) JUDY SCHRAMM	5.00			Γ		_								
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Page **7**

Form 990 (2012)	THE THRII									74-22	915	94	Ра	ge 8
Part VII Section A. Office	ers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	t C	ompensated Employe	es (continued)				
` (A) Name and t	itle	(B) Average hours per week (list any	(do not ch box, unless officer and		Position not check more than one , unless person is both an cer and a director/trustee)		an	(D) Reportable compensation from	(E) Reportable compensation from related organizations]	(F) Estimat amount other compens		of	
		hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MIS	1	fro orga and	om the inizati relate nizatio	e on ed
											_		_	
			-											
											_			
			-	-			-							
			-	<u> </u>			-		 					
			_											
1b Sub-total c Total from continuati	ion sheets to Part V	II. Section A					>		0.		0.			0.
d Total (add lines 1b ar	nd 1c)						<u> </u>		0.		0.			0.
2 Total number of individual compensation from the		not limited to th	hose	liste	ed a	bov	e) w	no r	eceived more than \$10	0,000 of reportab	le			C
-	•			e, ke	еу е	mplo	oyee	, or	highest compensated e	employee on			Yes	No
line 1a? If "Yes," comp 4 For any individual liste				omp	ens	atıoı	n an	d ot	her compensation from	the organization		_3		X
and related organization 5 Did any person listed of	•								<i>for such individual</i> ted organization or indiv	ridual for services	. !	4		Х
rendered to the organi		nplete Schedu	le J	for s	uch	per	son				_	5		X
•		-	-						that received more than		pens	ation f	rom	
the organization. Repo	(A) Name and busines:			ON		with	or w	<u>virus</u>	n the organization's tax (B) Description of			(C		
				014					3,550,1,51,51,51	-				<u> </u>
														
														
								_						
				-										
2 Total number of indep \$100,000 of compens			not	imite	ed to		ose I 0	ste	d above) who received	more than				

Total revenue Related or decreased or control or con	•		Check if Schedule O cont	tains a response	to any question ii	n this Part VIII			
1		77 T-11			- ,	(A)	Related or exempt function	Unrelated business	Revenué éxcluded from tax under
Business Code 2 a	nts	1 a	Federated campaigns	1a					
Business Code 2 a	Gra	b	Membership dues	1b					
Business Code 2 a	An An	С	Fundraising events	1c					
Business Code 2 a	igi	d	Related organizations	1d					
Business Code 2 a	Sin's			· -					
Business Code 2 a	e tio	f		· I I					
Business Code 2 a	g t		similar amounts not included abo	ve 1f	553,339.				
Business Code 2 a	P P			s 1a-1f \$	513,496	FF2 220			
2 a b d d d	9.0	h	lotal. Add lines 1a-1f		P	553,339.			
Total. Add lines 2427 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) f Net gain or (loss) f Net gain or (loss) d Net gain or (loss) f Net income or (loss) from garning activities 10.a Gross sales, disinventory, less, returns and dilovances and dilovances b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold Niscellaneous Revenue Business Code 11 a b c All other revenue e Total. Add lines 11a-11d Total revenue. See instructions > 579,665. 26,326. 0. 0.	as l	2 -			Business Code				
Total. Add lines 2427 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) f Net gain or (loss) f Net gain or (loss) d Net gain or (loss) f Net income or (loss) from garning activities 10.a Gross sales, disinventory, less, returns and dilovances and dilovances b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold Niscellaneous Revenue Business Code 11 a b c All other revenue e Total. Add lines 11a-11d Total revenue. See instructions > 579,665. 26,326. 0. 0.	Š.					-			
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9 Total. Add lines 2a-2f	ة ا		All other program service reve	enue					
other similar amounts) Income from investment of tax-exempt bond proceeds Royaltes (i) Real (ii) Personal					•				
A Income from investment of tax-exempt bond proceeds E Royaltes M) Personal		3	Investment income (including	dividends, intere	est, and				
Section Sect			other similar amounts)		▶	9,321.	9,321.		
(i) Real (ii) Personal		4	Income from investment of ta	x-exempt bond p	oroceeds 🕨 🛚				
6 a Gross rents b Less rental expenses c Rental income or (loss)	:	5	Royalties	· · · · · · · · · · · · · · · · · · ·	•				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 295. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities 10 a Gross sales of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C C C C C C C C C C C C C C C C C C				(ı) Real	(II) Personal				
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7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 20,776. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less cost of goods sold b 17,290. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d			` '						
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b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		/ a			(II) Other				
and sales expenses		.	•	21,071.					
Section Companies Compa		U		20.776	[
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10.a. Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a		c		295.					
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Including \$	60			a events (not			2,55.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory; less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions a d discompany b Less: cost of goods sold b 17,290 16,710 16,710 16,710 16,710 16,710 17,290 28,000 17,290 28,000 18,000 19,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,		С	Net income or (loss) from fund	draising events	•				
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c Net Income or (loss) from gaming activities 10.a. Gross.sales.of.inventory.eless.returns				а		:			
10 a Gross sales of inventory iless returns					L				
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b Less: cost of goods sold c Net income or (loss) from sales of inventory		_10 <u>_a</u>			24 000	·	mangangangan and and and and and and and and and a		e e exemple a granging
c Net income or (loss) from sales of inventory ▶ 16,710. 16,710. Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 579,665. 26,326. 0. 0.		L		_					
Miscellaneous Revenue Business Code			-	_	17,290.	16 710	16 710		
11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions > 579,665. 26,326. 0. 0.					D	10,/10.	16,/10.		
b		11 =		<u></u>	DUSINESS Code				
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12 Total revenue. See instructions ► 579,665. 26,326. 0. 0.		e			,				
232009		12			, ·	579,665.	26,326.	0 -	n
	23200: 12-10-	9 12					,,		

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	400 004			
	organizations in the United States See Part IV, line 21	408,394.	408,394.		
2	Grants and other assistance to individuals in	25 222	25 222		
	the United States See Part IV, line 22	35,000.	35,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	•			
	trustees, and key employees				
6	Compensation not included above, to disqualified	·			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			ļ	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			_ 	
11	Fees for services (non-employees):				
a	Management				
b	Legal	4,497.		4,497.	
c C	Accounting Lobbying	1/10/16		1,13,6	
d	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,140.		2,140.	
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)	6,755.		6,755.	
12	Advertising and promotion	4,791.			4,791.
13	Office expenses	6,615.		6,615.	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	14,131.		14,131.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,194.		5,194.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,724.			
23	Insurance	6,486.		6,486.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount-list-line-24e-expenses-on-Schedule-O-)		<u>รากระบาทสองเหติดแบบสำนักสะเลย รา</u>		CONTROL OF THE PROPERTY OF TAXABLE PARTY.
а		23,461.		23,461.	
b		, 7,166.		7,166.	
C		2,250.		2,250.	
d	VOLUNTEER APPRECIATION	1,350.	·	1,350.	
е	All other expenses	1,007.	442 224	1,007.	4 504
25	Total functional expenses Add lines 1 through 24e	586,961.	443,394.	81,052.	4,791.
26	Joint costs Complete this line only if the organization				l
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				i
	Check here If following SOP 98-2 (ASC 958-720)	L	<u> </u>	L	L

Form 990 (2012)
Part X Balance Sheet

art	X	Balance Sheet			
•		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	62,384.	1	56,317
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
- {	4	Accounts receivable, net		4	
- 1	5	Loans and other receivables from current and former officers, directors,		"	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
l		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ž	8	Inventories for sale or use	60,692.	8	43,645
	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,093,175. 178,947.			
	b	Less: accumulated depreciation 178,947.	1,963,986. 249,776.	10c	1,914,228 320,772
	11	Investments - publicly traded securities	249,776.	11	320,772
	12	Investments · other securities See Part IV, line 1†		12	·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
Ì	15	Other assets See Part IV, line 11	226 020	15	0 224 062
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,336,838.	16	2,334,962 4,501
	17	Accounts payable and accrued expenses	17,050.	17	4,501
	18	Grants payable		18	
I	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
	00	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
l		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17,050.	26	4,501
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			-/
s		complete lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	2,319,788.	27	2,330,461
alaı	28	Temporarily restricted net assets		28	
g	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	_	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	,		7.17
0		and complete lines 30-through 34.			······································
ş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
إ پر	32	Retained earnings, endowment, accumulated income, or other funds	 	32	
ž	33	Total net assets or fund balances	2,319,788.	33	2,330,461
			2,336,838.		2,334,962

orm	990 (2012) THE THRIFT SHOP	74-229	1594	Page	12
Pa	rt XI Reconciliation of Net Assets				
·	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,66	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,96	
3	Revenue less expenses. Subtract line 2 from line 1	_3	7	,29	6.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,319		
5	Net unrealized gains (losses) on investments	5	17	,96	9.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,330	,46	1.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		·		
			,	Yes I	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	, and a second a second and a s		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		<i>'</i>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	Зь		
			Form 9	990 (2	012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 74-2291594 THE THRIFT SHOP 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) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 33 1/3% 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 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 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. **b** ____ Type II c ____ Type III - Functionally integrated d Type III - Non-functionally integrated _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col (i) listed in your organization in col (described on lines 1-9 (i) organized in the organization support lgoverning document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not	400 070	400 000	552 010	542 010	552 222	0.450500					
	include any "unusual grants.")	400,079.	422,228.	553,918.	543,018.	553,339.	2472582.					
2	Tax revenues levied for the organ-											
	ization'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	400,079.	422,228.	553,918.	543,018.	553,339.	2472582.					
	Total. Add lines 1 through 3	400,079.	422,220.	333,310.	343,010.	223,339.	24/2302.					
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_		***************************************	···		444411	2472582.					
	etion B. Total Support	·	l—	·	·	<u></u>						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
	Amounts from line 4	400,079.	422,228.	553,918.	543,018.	553,339.	2472582.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties				1							
	and income from similar sources	47,046.	4,404.	6,081.	9,937.	9,616.	77,084.					
9	Net income from unrelated business											
	activities, whether or not the		T									
	business is regularly carried on											
10	Other income Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part IV)				805.	16,710.	17,515. 2567181.					
	Total support. Add lines 7 through 10	<u> </u>	<u> </u>	<u> </u>	L	<u></u>	2567181.					
	Gross receipts from related activities	•	•			12						
13	First five years. If the Form 990 is fo	=	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —					
50	organization, check this box and stoction C. Computation of Pub		rcentage									
						44	96.32 %					
	Public support percentage for 2012 (Public support percentage from 201)	•	•	column (I))		15	96.32 <u>%</u> 95.89 <u>%</u>					
15	33 1/3% support test - 2012. If the			in line 13 and line	14 is 33 1/3% or r	L						
102	stop here. The organization qualifies	-			1415 00 1/0/001	nore, check this bi	DX and ► X					
ŀ	33 1/3% support test - 2011. If the		_		d line 15 is 33 1/39	6 or more, check t						
•	and stop here. The organization qua	_			3 1110 10 13 00 1707	o or more, encore	▶					
17	10% -facts-and-circumstances tes		• • • •		e 13, 16a, or 16b.	and line 14 is 10%	or more.					
	and if the organization meets the "fac		=				·					
	meets the "facts-and-circumstances"		_				▶□					
ı	o 10% -facts-and-circumstances tes					17a, and line 15 is	10% or					
	more, and if the organization meets t											
	organization meets the "facts-and-cir				-		▶□					
18							ns					
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2012											

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)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					<u> </u>	
4 Tax revenues levied for the organ-						
ization'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 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				Ì		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b	ļ _					
8 Public support (Subtract line 7c from line 6)			<u> </u>			
Section B. Total Support					,	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010_	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			<u></u>		<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,					;	
whether or not the business is						
regularly carried on						<u> </u>
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		-	ļ	ļ	 	
13 Total support (Add lines 9, 10c, 11, and 12)	l	<u> </u>	1			l
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						<u>▶</u>
Section C. Computation of Publ					T.21	
15 Public support percentage for 2012 (column (f))		15	%
16 Public support percentage from 2011			····		16	%
Section D. Computation of Inve					142	
17 Investment income percentage for 20	•	•	irie 13, column (f))		17	
18 Investment income percentage from			on line 14 and he	0 15 10 mars 4b = -	18 23 1/3% and line :	17 to not
19a 33 1/3% support tests - 2012. If the						I / IS NOT ► [
more than 33 1/3%, check this box a						▶ ∐
b 33 1/3% support tests - 2011. If the	_				· ·	
line 18 is not more than 33 1/3%, che					· •	
ZU Private toundation it the organization	IN OUR DOLCDACK S	cooxonine 14 1'	44 OLIMO CDECK.	inis nox and see i	nernictione	 1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

THE THRIFT SHOP

Employer identification number 74-2291594

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	onferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ırıng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
г	conservation easements		
Pai	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" to Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Yes	No
	res

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,085,209.	174,689.	1,910,520
c Leasehold improvements				
d Equipment				
e Other		7,966.	4,258.	3,708.

Schedule D (Form 990) 2012

Total. (C	Column (b) must equal Form 990, Part X, col (B) line 15.)		<u>▶</u>
Part 2	Other Liabilities. See Form 990, Part X, line 25.		
1	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		_
(2)			
(3)			
(4)			
(5)			
(6)	·		<u> </u>
(7)			
(8)			
(9)			
(10)			_
(11)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	
2. FIN	48 (ASC 740) Footnote. In Part XIII, provide the text of the	footnote to the organization's financia	al statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

(1) Financial derivatives (2) Closely-held equity interests

(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (l)

> (1) (2)(3)(4) (5) (6) (7) (8) (9)(10)

(1) (2)(3) (4)(5) (6)(7) (8) (9) (10)

(a) Description of security or category (including name of security)

Total (Col (b) must equal Form 990, Part X, col (B) line 12)

(a) Description of investment type

Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶

Other Assets. See Form 990, Part X, line 15.

SCHEDULE I

(Form 990)

Governments, and I

Department of the Treasury
Internal Revenue Service

Complete if the organization answ

THE THRIFT SHOP

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-2291594

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Fart General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate th		s or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uo
criteria used to award the grants or assistance?	Istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for mon	itoring the use of grant	funds in the United	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be durilicated if additional space is peeded.	Governments an	id Organizations in the	e United States. C	complete if the organia	anization answered "\	res" to Form 990, Part l	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN JUNIOR HOCKEY							
BOX 4153 ASPEN, CO 81612	51-0143083	501(c)(3)	10 000	0			YOUTH HOCKEY
ASPEN VALLEY SKI & SNOWBOARD CLUB						. — д	PROMOTE YOUTH SKING AND
ASPEN, CO 81612	84-6042225	501(c)(3)	10,000.	0		G	SNOWBOARD PROGRAMS
ROARING FORK FAMILY RESOURCE CENTER - BOX 1833 - CARBONDALE, CO 81623	84-6012220	501(c)(3)	0000	0		<u> </u>	LEGAL SERVICES FOR LOW INCOME INDIVIDUALS, FAMILIES AND GROUPS
YOUR FRIENDS FOR LIFE BOX 4035						- 5	
ASPEN, CO 81611	26-2537702	501(c)(3)	6,000.	0		H	INDIVIDUALS
						<u> А.</u> Н	PROVIDE ACTIVITIES TO INDIVIDUALS AGE 60 AND
ASPEN, CO 81611	84-6000794	501(c)(3)	8,000.	0.		0	OVER
RED BRICK CENTER FOR THE ARTS						A.	PROMOTES ART AND
ASPEN, CO 81611	84-0632118	501(c)(3)	10,000.	0.		ы	EDUCATION
	nd government or	ganizations listed in the	e line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	l table					•

232101 12-18-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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Communication Communicatio	Part II Continuation of Grants and Other Assistance to Governments a	Assistance to G	overnments and Orga	inizations in the Ui	nited States (Scho	nd Organizations in the United States (Schedule I (Form 990), Part II.)		
THELE PADIO THALLAK TO SISII TO S	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
41 OF THE CONTRIBUTION OF THE PATE ATTORNEY OF THE PROOF	ASPEN PUBLIC RADIO 100 E HALLAM ASPEN, CO 81611	84-0884901	501(c)(3)	5,500.	٥			PROMOTES ART AND EDUCATION FOR NON PROFITS
NOW THE BATTS ON SIGNATURE CON SIGNATURE CON SIGNATURE CONSERVANCY ROOFELS ON 155 DALE, CO SIGNATURE CONSERVANCY CONSERVANCY ROOFELS ON 156 CON SIGNATURE CONSERVANCY CONSERV	ROARING FORK OUTDOOR VOLUNTEERS BOX 1341 BASALT, CO 81623	84-1302819	501(c)(3)		0.			RESTORE WILDERNESS AND WATCHDOG OF FEDERAL PUBLIC LANDS
DALE COUNCIL FOR THE ARTS OX 175 DALE, CO 81623 84-0729842 801(c)(3) 10,000 0. PROWIDES PROVIDES PROVIDES PROVIDES OMENINY CONSERVANCY ROOKE DR DALE, CO 81623 84-1583104 SOI(c)(3) PROVIDE DOURANLE PROVIDE DOURANLE PROVIDE CO 81611 CO 81611 SOI(c)(3) TOOURANLE SOI(c)(3) SOI(c)(C)(C)(C) SOI(c)	ASPEN YOUTH CENTER P.O. BOX 8266 ASPEN, CO 81612	74-2554280	501(c)(3)	10,000.	.0			DES
PROVIDES OX. 1989 OX. 1989 OX. 1989 CONSERVANCY ROOKE DR OMMUNITY ART OX. 4707 CO. 81621 SOL(c)(3) 6,000 0 0 PROVIDES PROVIDES PROVIDES OX. 4707 CO. 81621 CO. 81611 SOL(c)(3) 9,000 0 PROVIDES PROVIDES PROVIDES OUTSMALLI PROVIDES PROVIDES PROVIDES OX. 1639 CO. 81611	CARBONDALE COUNCIL FOR THE ARTS P.O. BOX 175 CARBONDALE, CO 81623	84-0729842	501(c)(3)	10,000.	0	•		ARTS
CONSERVANCY CONSERVANCY PROVIDES ROOKE DR 84-1583104 501(c)(3) 6,000, 0. IN THE TH	I ENTITY BOX 1989 NDALE, CO	84-1601705	501(c)(3)	6,000.	0.			SEC
ONMUNITY ART OX 4707 CO 81621 CO 81621 SOU(c)(3) 8,000. 0. 900RNALI FROVIDE JOURNALI OX 1639 CO 81611 OX 681611 PROVIDE	SERV? S DR CO	84-1583104	501(c)(3)	.000,3	0.			PROVIDES SUPPORT FOR ART IN THE THEATRE
OX 1639 CO 81611 CO 8	WYLY COMMUNITY ART P.O. BOX 4707 BASALT, CO 81621	20-1188479	501(c)(3)	000'8	0			PROVIDE SUPPORT FOR JOURNALISM
	HOMELESS OX 1639 CO 81611	30-0566563	501(c)(3)	7,000.	0			PROVIDE SUPPORT FOR ART

Schedule I (Form 990) (2012)

26

232102 12-18-12

SCHEQULE M (Form 990)

Department of the Treasury

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2012

Open to Public Inspection

Name of the organization

THE THRIFT SHOP

Employer identification number 74-2291594

Types of Property (a) (b) (c) (d) Number of Check If Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 513,496. THRIFT SHOP SALES X 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution · 13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b if "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE THRIFT SHOP

Employer identification number 74-2291594

Form 990, Part VI, Section B, line 11: The board goes through each page of
the Form 990 contemporaneously with the Treasurer.
Form 990, Part VI, Section B, Line 12c: The board members monitor
compliance through discussions with other board members and through
periodic meetings where board members indicate any conflicts of interest.
It is also a small community where conflicts are more readily determined.
Form 990, Part VI, Section C, Line 19: The organization has a policy that
allows any interested parties access to governing documents, tax returns,
and financial statements.
•

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

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

Business or activity to which this form relates

990

OMB No 1545-0172

THE THRIFT SHOP Form 990 Page 10 74-2291594 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 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 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 3,984. 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 53,466 17 MACRS deductions for assets placed in service in tax years beginning before 2012 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 Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and year placed in service (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction penod 19a 3-year property 2,663. 5 Yrs. 200DB MO 133. 5-year property 1,319. 200DB Yrs. 141 7-year property C d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L g 27.5 yrs. MM 1 S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year b 12 yrs. S/L 40-year 40 yrs ММ S/L Part IV | Summary (See instructions.)

23 For assets shown above and placed in service during the current year, enter the

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 instr.

21 Listed property Enter amount from line 28

portion of the basis attributable to section 263A costs

57,724.

21

23

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c	4560 (2012)	тнг	THRIFT	SHO	Þ								74-3	2291	594 F	0000
	m 4562 (2012) art V Listed Proper		utomobiles, cert			es, c	ertain	compu	ters	, and prop	perty used	d for en				
	amusement)	vahiala fariui	hich you are usi	na tha	otoodoro	l mila			al	ation land			lata aabu	240 24	th anti-	(a)
			of Section B, a					ile or de		curiy lease	expense	, comp	ele only	24a, 24	io, coluir	ris (a)
	Section A	- Depreciation	on and Other I	forma	tion (Ca	ution	: See	the inst	ruc	tions for li	mits for p	asseng	er autom	obiles)		
24a	Do you have evidence to s	support the bu	siness/investmen	t use cla	ımed?		Yes		No	24b If "Y	es," is the	evider	nce writte	en?	Yes	No
	(a)	(b)	(c)		(d)	- 1.		(e)		(f)	(g)	()	1)	(
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	l ot	Cost or ner basis		busines	r deprecia ss/investm se only)		Recovery period	Meth Conve		Depred dedu		Elec section co	179
25	Special depreciation alle	owance for q	jualified listed p	roperty	placed	n ser	vice d	luring th	ne ta	ax year an	d					
	used more than 50% in											25			<u> </u>	
<u> 26</u>	Property used more that	in 50% in a c		T												
		·	%	+				_								
		 	%	-			_				 					
	D		<u>%</u>							<u> </u>	L <u>-</u>		l		l	
27	Property used 50% or I	ess in a quai	T							ı — —	0.0	—				
_		<u> </u>	%	_							S/L-					
			% %	_							S/L·		-			
	Add amounts in column	\(\b\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		'		ا مما	21 22				S/L·	28	-			
	Add amounts in column		-				z ۱, pa	ge i					L	29		
29	Add amounts in column	<u>1 (i), iii le 20 i</u>			3 - Infor		20.00	lise of	Val	nicles				1 28	<u> </u>	
tho	ose vehicles				a)	_	(b)	-		(c)	(d)	(€	<u> </u>	(f	
30	Total business/investment	miles driven o	furing the	Vel	ncle		Vehicle	<u>. </u>	\	/ehicle	Vehi	cle	Veh	ıcle	Vehi	cle
	year (do not include commuting miles)				-											
	Total commuting miles	-	· · ·								<u> </u>				<u> </u>	
32	Total other personal (no driven	oncommutino	g) miles												<u> </u>	
33	Total miles driven durin Add lines 30 through 33	- ,														
34	Was the vehicle availab		nal use	Yes	No	Ye	s	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				ļ	ļ	_									
35	Was the vehicle used p	orimarily by a	more			•	İ									
	than 5% owner or relat	•	-		 	<u> </u>							<u> </u>		 	
36	Is another vehicle available	able for pers	onal	·	<u> </u>											
		Section C	- Questions fo	r Emp	loyers W	/ho P	rovid	e Vehic	les	for Use b	y Their E	mploye	ees			
	swer these questions to mers or related persons	determine if	you meet an ex	ception	n to com	pletir	ng Sec	tion B f	or v	ehicles us	sed by en	nployee	s who a	re not m	nore than	5%
	Do you maintain a writt	en policy sta	tement that pro	hibits a	all persor	nal us	e of v	ehicles	, Inc	luding co	mmuting.	by you	r		Yes	No
	employees?		Ţ		-					-	3.	- •				
38	Do you maintain a writt	en policy sta	itement that pro	hibits p	personal	use d	of veh	icles, ex	ксер	ot commu	ting, by y	our				
	employees? See the in	structions fo	r vehicles used	by corp	orate of	ficers	s, dire	ctors, o	r 19	% or more	owners					
39	Do you treat all use of	vehicles by e	mployees as pe	rsonal	use?											
40	Do you provide more th	nan five vehic	cles to your emp	oloyees	, obtain	ınforr	nation	from y	our	employee	s about					
	the use of the vehicles,														ļ	
41	Do you meet the requir	ements cond	cerning qualified	autom	nobile de	mons	stratio	n use?							L	1

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
2 Amortization of costs that begins dur	ing your 2012 tax year:				
			 		
			1		
3 Amortization of costs that began before	ore your 2012 tax year		<u> </u>	43	