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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2014

Open to Public
Inspection**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

- B** Check if applicable
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization Thrifty Attic Inc	D Employer identification number 03-0280339
Number and street (or P O box, if mail is not delivered to street address) c/o S Waite 15 Landgrove Rd	E Telephone number (802) 824-3519
City or town, state or province, country, and ZIP or foreign postal code Landgrove, VT 05148	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(4) ► (Insert no.) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 72,080****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	72,080
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	72,080
	b Less cost of goods sold	7b	72,080
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	72,080
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	52,574
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	13,108
	15 Printing, publications, postage, and shipping	15	566
	16 Other expenses (describe in Schedule O)	16	1,097
Net Assets	17 Total expenses. Add lines 10 through 16 ►	17	67,345
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,735
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	908
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	5,643

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	908	22	5,643
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	908	25	5,643
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	908	27	5,643

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Selling used clothing to those in need to raise money to provide financial support to 501(c) organizations in the greater community

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Thrifty Attic, Inc collects used clothing and some personal property, sells the donated property distributes 72.9% (in 2014) of the proceeds to community organizations Cont @ Schedule O, Pg 2
(Grants \$ 52,573) If this amount includes foreign grants, check here **Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28		
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29		
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(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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30		
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(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SARAH WAITE Pres	16 00	0		
MARION LASELLE Vice Pres	16 00	0		
ANDREA OGDEN Sec'y	16 00	0		
BETTY FORBES Member	8 00	0		
EDITH HUSSEY Member	16 00	0		
PATRICIA SLADE Member	8 00	0		
WENDY ARACE Member	16 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	Did the organization file Form 1120-POL for this year?	
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?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b
39	Section 501(c)(7) organizations Enter	
a	Initiation fees and capital contributions included on line 9	39a
b	Gross receipts, included on line 9, for public use of club facilities	39b
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e
41	List the states with which a copy of this return is filed	
42a	The organization's books are in care of SARAH WAITE Telephone no (802) 824-3519	
	Located at 15 Landgrove Rd Landgrove, VT ZIP + 4 05148	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b
	If "Yes," enter the name of the foreign country	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c
	If "Yes," enter the name of the foreign country	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
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
c	Did the organization receive any payments for indoor tanning services during the year?	44c
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b

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

46

 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47

 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

 Yes No

49b If "Yes," was the related organization a section 527 organization?

49b

 Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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

Sign Here	***** Signature of officer SARAH WAITE PRESIDENT Type or print name and title	2015-04-22 Date
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Paid Preparer Use Only	Print/Type preparer's name CHARLES GOODWIN	Preparer's signature	Date 2015-04-22	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ► CHARLES GOODWIN CPA			Firm's EIN ►	
	Firm's address ► PO BOX 61 WESTON, VT 05161			Phone no (802) 824-6817	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
Thrifty Attic Inc**Employer identification number**

03-0280339

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	
Other	Page 1, Item L Non-deductible contributions of used clothing and minimal personal property are made to Thrifty Attic, therefore, the \$72,080 entry on Part I, Line 1 These items go into Thrifty Attic inventory, therefore the \$72,080 entry at Part I, line 7b The items were sold and generated sales of \$72,080 during 2014, therefore the entry for \$72,080 at Part I, line 7a These entries reflect the operation of Thrifty Attic, but they necessitate this explanation because they calculate a duplicated amount (\$144,160)at Page 1, Item L Thrifty Attic Gross Receipts are \$72,080, which is the Fair Market Value of donated items, which amount is substantiated by the amount for which the items are sold
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS VOLUNTEER FIRE CHAMPION FIRE CO OF S LON DONDERRY NONE 2500 EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS VOLUNTEER FIRE WESTON VOLUNTEER FIRE DEPARTMENT NONE 2500 EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS VOLUNTEER FIRE WINDHAM VOLUNTEER FIRE DEPARTMENT NONE 2500 EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS VOLUNTEER FIRE PERU FIRE DEPT NONE 1500 ELECTRONIC TRAINING EQUIPT-VOLUNTEER EMERGENCY FIREFIGHTERS VOLUNTEER FIRE PHOENIX FI
Form 990EZ, Part I, Line 16	VT DEPT OF TAXES 226 SOS ANNUAL RPT 70 COMMISSIONS ON SPECIAL SALES 0 BANK FEES 47 TAX PREPARATION 254 GIFTS 500