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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/form990ez*.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
Thrifty Attic Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
c/o S Waite 15 Landgrove Rd

City or town, state or province, country, and ZIP or foreign postal code
Landgrove, VT 05148

D Employer identification number
03-0280339

E Telephone number
(802) 824-3519

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

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 . . . . . ▶ $ 79,712

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	79,712
	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	
	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	79,712	
	b	Less cost of goods sold	7b	79,712	
	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	79,712
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	66,381
	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	14,130
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	1,024
	17	**Total expenses.** Add lines 10 through 16 ▶		17	81,535
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,823
	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	5,861
	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	4,038

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	5,861	22	4,038
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	5,861	25	4,038
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,861	27	4,038

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 . . ☐

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

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
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 66,381

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	8 00	0		
MARION LASELLE Vice Pres	8 00	0		
ANDREA OGDEN Sec'y	4 00	0		
MARY LICATTA Member	8 00	0		
SHIRLEY BARTON Member	8 00	0		
PATRICIA SLADE Member	4 00	0		
WENDY ARACE Member	8 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	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3), 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		No
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 sections4912, 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		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ SARAH WAITE Telephone no ▶ (802) 824-3519 Located at ▶ 15 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		No
	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		No
	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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		

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 ☐

		Yes	No
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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 — 2018-04-18 Date

SARAH WAITE TREASURER Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
CHARLES GOODWIN		2018-04-18		P01219504

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

Additional Data

Software ID:

Software Version:

EIN: 03-0280339

Name: Thrifty Attic Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Thrifty Attic, Inc collects used clothing and some personal property, sells the donated property & distributes 83% (in 2017) of the proceeds to community organizations Cont @ Schedule O, Pg 2 (Grants $ 66,381) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	66,381

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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.

OMB No 1545-0047

2017

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	990-EZ, PART III, LINE 28, CONT THE THRIFTY ATTIC, INC OPERATES A THRIFT SHOP WHICH COLLE CTS USED CLOTHING THAT REMAINS IN GOOD CONDITION AND OF UTILITY IT SELLS THAT CLOTHING AT VERY AFFORDABLE PRICES IT THEN DISTRIBUTES THE NET REVENUE FROM THIS ACTIVITY TO COMMUNIT Y ORGANIZATIONS IN AT LEAST 5 LOCAL TOWNS, MOST OF WHICH ARE EITHER 501(C)(3) OR 501(C)(4) ORGANIZATIONS, AND ALL OF WHICH ARE COMMUNITY ORGANIZATIONS OPERATING FOR THE PUBLIC GOOD PERSONS OF VARYING FINANCIAL CAPABILITY PURCHASE CLOTHING FROM THRIFTY, BUT IT ENABLES PE RSONS WHOSE FINANCES ARE STRESSED TO CLOTH THEMSELVES INEXPENSVIELY THE THRIFTY ATTIC HAS A VOLUNTEER STAFF, SO A SUBSTANTIALPORTION OF GROSS REVENUES GOES TO COMMUNITY SUPPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	PAGE 1, ITEM L NON-DEDUCTIBLE CONTRIBUTIONS OF USED CLOTHING AND MINIMAL PERSONAL PROPERT Y ARE MADE TO THRIFTY ATTIC, THEREFORE, THE $79,712 00 ENTRY ON PART I, LINE 1 THESE ITE MS GO INTO THRIFTY ATTIC INVENTORY THE $79,712 00 ENTRY AT PART I, LINE 7B RESULTS FROM RECONCILING OPERATIONS TO ENDING CASH OF $4,038 00 THE ITEMS WERE SOLD AND GENERATED SALE S OF $79,712 00 DURING 2016, THEREFORE THE ENTRY FOR $79,712 00 AT PART I, LINE 7A THES E ENTRIES REFLECT THE OPERATION OF THRIFTY ATTIC, BUT THEY NECESSITATE THIS EXPLANATION BE CAUSE THEY CALCULATE A DUPLICATED AMOUNT ($159,424 00)AT PAGE 1, ITEM L, UNLESS A FORCED E NTRY IS MADE IN THE SOFTWARE PROGRAM THRIFTY ATTIC GROSS RECEIPTS ARE $79,712 00 WHICH I S THE FAIR MARKET VALUE OF DONATED ITEMS, WHICH AMOUNT IS SUBSTANTIATED BY THE AMOUNT FOR WHICH THE ITEMS ARE SOLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS, VOLUNTEER FIRE, CHAMPION FIRE CO OF S LONDONDERRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS, VOLUNTEER FIRE, WESTON FIRE DEPT POB 52, WESTON,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS, VOLUNTEER FIRE, WINDHAM VOLUNTEER FIRE DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS, VOLUNTEER FIRE, PERU FIRE DEPT PO BOX 232, PERU,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EQUIPT SUPPORT-VOLUNTEER EMERGENCY FIREFIGHTERS, VOLUNTEER FIRE, PHOENIX FIRE DEPT 5862 VT ROUTE 10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	PROPERTY & PLANT MAINT & IMPROVEMENT, 501-RELIGIOUS, FIRST BAPTIST CHURCH PO BOX 278, SOUTH LONDON

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	PROP'Y & PLNT MAINT,FOOD SHLF, AND COMM CHRISTMAS, 501-RELIGIOUS, SECOND CONGREGATIONAL CHURCH PO B

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Office Equipt, 501-Religious, Old Parish Church PO Box 125, Weston, VT, 05161, None, 1500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Plant Improvement, 501-Religious, Peru Congregational Church POB 212, Peru, VT, 05152, None, 1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	SUPPORT LIBRARY, 501- LIBRARY, SOUTH LONDONDERRY LIBRARY PO BOX 95, S LONDONDERRY, VT, 05155, NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Support Library, 501- Library, Wilder Memorial Library PO Box 38, Weston, VT, 05161, None, 1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	PROGRAM SUPPORT, 501(C)- LIBRARY, JAMAICA MEMORIAL LIBRARY PO BOX 266, JAMAICA, VT, 05343, NONE, 50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	K-8 PUBLIC SCHOOL STUDENT ACTIVITIES, 501(C) - EDUCATION, FLOOD BROOK STUDENT ACTS CO-OP 91 VT RTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EDUCATION - K-8, HEALTH & SUBSTANCE ABUSE, SUMMER CAMP, 501(C)- EDUCATION, THE COLLABORATIVE 91 VT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	CONTRIBUTION TO MAINTENANCE OF RECREATION FACILITY, 501-RECREATION, WEST RIVER SPORTS ASSOCIATION P

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	TO SUPPORT THE OPERATION OF LOCAL HEALTHCARE FACILITY, 501-MEDICAL, MOUNTAIN VALLEY MEDICAL CLINIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	TO ENABLE PURCHASE OF EQUIPT USED IN EMERGENCY MED SRVCS , 501-EMS, LONDONDERRY VOLUNTEER RESCUE SQ

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	HISTORIC PRESERVATION, 501-CULTURAL, LONDONDERRY HISTORICAL SOC PO BOX 366, SOUTH LONDONDERRY, VT,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	YOUTH EDUCATION PROGRAM SUPPORT, 501-ARTS & CULTURE, WESTON PLAYHOUSE THEATRE CO 703 MAIN ST, WEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	EMERGENCY FINANCIAL ASSISTANCE, 501-COMMUNITY SUPPORT, NEIGHBORHOOD CONNECTIONS PO BOX 207, LONDOND

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	NATURAL RESOURCES/CONSERVATION, 501-CONSERVATION, FRIENDS OF THE WEST RIVER TRAIL, INC PO BOX 2086

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	ELDER FACILITY SUPPORT, 501(C)- ELDER RESIDENCE, THE GILL ODD FELLOWS HOME 8 GILL TERRACE, LUDLOW,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	SUPPORT FOR PRE-K EDUCATION, 501-EDUCATION, THE LITTLE SCHOOL PO BOX 92, WESTON, VT, 05161, NONE, 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	SUPPORT PUBLIC HEALTH & RECREATION, 501(C)HEALTH FOR DISABILITIES, THE BART J RUGGIERE ADAPTIVE SPO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	VT Dept Of Taxes 240

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	SoS BiennialRpt 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Commissions on special sales 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Bank fees 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Tax preparation 265

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Gifts 500