

Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, **and ending** Jun 30, 2013

| | | |
|--|--|---|
| B Check if applicable: | C Name of organization THE THRIFT ALLIANCE D/B/A ThriftSmart | D Employer Identification Number 20-1578635 |
| <input type="checkbox"/> Address change | Doing Business As | E Telephone number (615) 833-8200 |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 4890 Nolensville Road | |
| <input type="checkbox"/> Initial return | City, town or country State ZIP code + 4 Nashville TN 37211 | G Gross receipts \$1,444,912. |
| <input type="checkbox"/> Terminated | F Name and address of principal officer: Richard Gygi 7017 Concord Road Brentwood TN 37027 | |
| <input type="checkbox"/> Amended return | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) |
| I Tax-exempt status | <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | H(c) Group exemption number ▶ |
| J Website: ▶ | thriftsmart.com | |
| K Form of organization: | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of Formation: 2004 M State of legal domicile: TN |

Part I Summary

| | | | | |
|------------------------------------|--|----------------------------------|--|---------------------|
| | <p>1 Briefly describe the organization's mission or most significant activities: <u>Our mission is to provide value to customers, opportunity for employees, and benefits to charities by operating the best thrift stores in the world and promoting thrifty living---All for God's Glory.</u></p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 4 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 4 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | | 48 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | 37 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 36,573. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 58,779. | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,342,015. | | 1,444,907. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11. | | 5. |
| | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,400,806. | | 1,444,912. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 72,000. | | 120,000. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 556,686. | | 582,213. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). | 632,173. | | 631,486. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,260,859. | | 1,333,699. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 139,947. | | 111,213. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | | End of Year |
| | 21 Total liabilities (Part X, line 26) | 124,966. | | 149,651. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 574,019. | | 487,491. |
| | | -449,053. | | -337,840. |

Part II Signature Block

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

| | | | |
|-------------------------------|---|-------------------------------------|----------|
| Sign Here | Signature of officer | Date | 11/01/13 |
| | Richard Gygi | Executive Director | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | James C. Wilson, Jr., MBA, CPA, CFE | James C. Wilson, Jr., MBA, CPA, CFE | 11/11/13 |
| | Firm's name | Firm's EIN ▶ | |
| | Wilson & Wilson, PC, CPA, CFE | 62-1315547 | |
| | Firm's address | Phone no. | |
| | 8122 Sawyer Brown Rd, Suite 212 Nashville (Bellevue) TN 37221-1411 | (615) 673-1330 | |

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. []

1 Briefly describe the organization's mission:

Our mission is to provide value to customers, opportunity for employees, and benefits to charities by See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 1,192,526. including grants of \$ 120,000.) (Revenue \$ 1,444,907.)

The organization sells donated and purchased merchandise to support various mission points. See www.africanleadership.org and www.thebelizeproject.org. The founders adopted a vision focused on "Business as Mission." Funds provided by the organization send medicine, books, educational materials, clothing, etc. to the missions. Maintain web sites: www.nhafranklin.org and www.mercychildrensclinic.org.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 1,192,526.

Part IV Checklist of Required Schedules

| | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations 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 | | X |
| 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 98-19? If 'Yes,' complete Schedule C, Part III | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | | X |
| 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 | | X |
| 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. | | |
| a | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 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 | | X |
| c | 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? If 'Yes,' complete Schedule D, Part VIII | | 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | X | |
| b | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | 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 | | X |
| 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 | | 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 | | X |
| 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 (see instructions) | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | | X |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | | X |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If 'Yes,' complete Schedule J</i> | | X |
| 24a 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a 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? <i>If 'Yes,' complete Schedule L, Part I</i> | | X |
| b 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? <i>If 'Yes,' complete Schedule L, Part I</i> | | 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? <i>If 'Yes,' complete Schedule L, Part II.</i> | | 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 of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> | | 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 A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | | 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 | X | |

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers of key employees of the organization. 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? 16b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Tennessee
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
Own website [] Another's website [X] Upon request [X] Other (explain in Schedule O) []
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 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 organization:
Mr. Richard Gygi 7017 Concord Road Brentwood TN 37027 (615) 833-8200

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.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Dick Gygi Executive Director | 20.00 | | | X | | | | | | |
| (2) David Wunningham Chairman | 5.00 | X | | | | | | | | |
| (3) Pat Sauder Secretary | 5.00 | X | | | | | | | | |
| (4) Dick Wright DIRECTOR | 5.00 | X | | | | | | | | |
| (5) Mac Kelton Director | 5.00 | X | | | | | | | | |
| (6) B. R. Krapf Operations Mgr. | 40.00 | | | | X | | 65,297. | 0. | 0. | |
| (7) Jack Watkins Director | 5.00 | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | | | | | | | | | | |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |
| 1 b Sub-total | | | | | | | | 65,297. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 65,297. | 0. | 0. |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ | | | | | | | | | | |

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|--|---|---|----|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) . . | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . | 1 f | | | | |
| | g Noncash contributions included in lns 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | | |
| | 2 a ----- | | | | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d ----- | | | | | |
| | e ----- | | | | | |
| | f All other program service revenue . . . | | 1,444,907. | 1,408,339. | 36,568. | 0. |
| g Total. Add lines 2a-2f ▶ | | 1,444,907. | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) ▶ | | 5. | 0. | 5. | 0. |
| | 4 Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 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 | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 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 \$ _____ of contributions reported on line 1c). See Part IV, line 18. a | | | | | |
| | | b Less: direct expenses b | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19. a | | | | | | |
| | b Less: direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| 10 a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less: cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a ----- | | | | | | |
| b ----- | | | | | | |
| c ----- | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | |
| 12 Total revenue. See instructions ▶ | | 1,444,912. | 1,408,339. | 36,573. | 0. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 120,000. | 120,000. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 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 | 508,587. | 508,587. | 0. | 0. |
| 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 section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 29,950. | 29,950. | 0. | 0. |
| 10 Payroll taxes | 43,676. | 43,676. | 0. | 0. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 70,740. | 0. | 70,740. | 0. |
| b Legal | 1,583. | 197. | 1,386. | 0. |
| c Accounting | 12,755. | 6,000. | 6,755. | 0. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) | 129,188. | 119,071. | 10,117. | 0. |
| 12 Advertising and promotion | 20,284. | 20,284. | 0. | 0. |
| 13 Office expenses | 11,563. | 0. | 11,563. | 0. |
| 14 Information technology | 7,580. | 0. | 7,580. | 0. |
| 15 Royalties | 402. | 402. | 0. | 0. |
| 16 Occupancy | 320,372. | 287,673. | 32,699. | 0. |
| 17 Travel | 1,851. | 1,851. | 0. | 0. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 20,953. | 20,953. | 0. | 0. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 13,935. | 13,602. | 333. | 0. |
| 23 Insurance | 20,280. | 20,280. | 0. | 0. |
| 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.) | | | | |
| a _____ | | | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,333,699. | 1,192,526. | 141,173. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part 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 | | |
|-----------------------------|---|---|-----------|--------------------|-----------|-----------|
| ASSETS | 1 | Cash — non-interest-bearing | 70,598. | 1 | 70,547. | |
| | 2 | Savings and temporary cash investments | | 2 | 5,373. | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from current and former officers, directors, 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 9 | | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 239,739. | | |
| | b | Less: accumulated depreciation | 10b | 178,508. | 10c | 61,231. |
| | 11 | Investments — publicly traded securities | | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 12,500. | 15 | 12,500. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 124,966. | 16 | 149,651. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | 17 | 18,053. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 197,669. | 23 | 124,133. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 232,605. | 24 | 307,644. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 130,327. | 25 | 37,661. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 574,019. | 26 | 487,491. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 27 | | |
| | 28 | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | -449,053. | 32 | -337,840. |
| 33 | Total net assets or fund balances. | | -449,053. | 33 | -337,840. | |
| 34 | Total liabilities and net assets/fund balances. | | 124,966. | 34 | 149,651. | |

BAA

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,444,912. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,333,699. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 111,213. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -449,053. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -337,840. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|------------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2 b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2 c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3 b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

| | |
|--|---|
| Name of the organization THE THRIFT ALLIANCE D/B/A ThriftSmart | Employer identification number 20-1578635 |
|--|---|

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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) A family member of a person described in (i) above? | 11 g (ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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.)

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.') | 268,291. | 138,693. | 1,793. | 58,024. | | 466,801. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 4 Total. Add lines 1 through 3 | 268,291. | 138,693. | 1,793. | 58,024. | | 466,801. |
| 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 | | | | | | 466,801. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 268,291. | 138,693. | 1,793. | 58,024. | | 466,801. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 466,801. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 100.00 % |
| 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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 yr 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 performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 | | | | | | |
| 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10 a 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 | | | | | | |
| 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 | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

THE THRIFT ALLIANCE D/B/A ThriftSmart

20-1578635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for purposes of easements and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|------------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current | (b) Prior year | (c) Two years | (d) Three years | (e) Four years |
|--|-------------|----------------|---------------|-----------------|----------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 234,739. | 178,175. | 56,564. |
| d Equipment | | 0. | 0. | 0. |
| e Other | | 5,000. | 333. | 4,667. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 61,231.

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶ | | |

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶ | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) Prepaid Rent | 12,500. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶ | 12,500. |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Store Credits | 2,995. |
| (3) Sales Tax Payable | 4,069. |
| (4) Accrued Payroll | 18,136. |
| (5) Accrued Interest Payable | 108. |
| (6) Audit & Tax Return accrual | 5,110. |
| (7) Payable to affiliate | 5,344. |
| (8) Reserve-Sew for Hope | 1,900. |
| (9) Rounding | -1. |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶ | 37,661. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,444,912. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains on investments | 2 a | |
| | b Donated services and use of facilities | 2 b | |
| | c Recoveries of prior year grants | 2 c | |
| | d Other (Describe in Part XIII.) | 2 d | |
| | e Add lines 2 a through 2 d | 2 e | |
| 3 | Subtract line 2 e from line 1 | 3 | 1,444,912. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b. | 4 a | |
| | b Other (Describe in Part XIII.) | 4 b | |
| | c Add lines 4 a and 4 b | 4 c | |
| 5 | Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.) | 5 | 1,444,912. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|------------|------------|
| 1 | Total expenses and losses per audited financial statements. | 1 | 1,333,699. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2 a | |
| | b Prior year adjustments | 2 b | |
| | c Other losses | 2 c | |
| | d Other (Describe in Part XIII.) | 2 d | |
| | e Add lines 2 a through 2 d | 2 e | |
| 3 | Subtract line 2 e from line 1 | 3 | 1,333,699. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b. | 4 a | |
| | b Other (Describe in Part XIII.) | 4 b | |
| | c Add lines 4 a and 4 b | 4 c | |
| 5 | Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.) | 5 | 1,333,699. |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

THE THRIFT ALLIANCE D/B/A ThriftSmart

20-1578635

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 duplicated if additional space is needed.

| 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) African Leadership P.O. Box 2888 Brentwood TN 37024 | 31-1736706 | | 30,000. | | | | Spiritual Educ |
| (2) Mercy Community Healthcar 1113 Murfreesboro Rd, Ste Franklin TN 37064 | 62-1781969 | | 30,000. | | | | Spiritual Educ |
| (3) New Hope Academy 1820 Downs Blvd. Franklin TN 37064 | 63-1172489 | | 30,000. | | | | Spiritual Educ |
| (4) The Belize Project P.O. Box 158271 Nashville TN 37215 | 32-0125019 | | 30,000. | | | | Spiritual Educ |
| (5) ----- ----- ----- | | | | | | | |
| (6) ----- ----- ----- | | | | | | | |
| (7) ----- ----- ----- | | | | | | | |
| (8) ----- ----- ----- | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2 _____ The Donee provides feedback to the board regarding use of funds. _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

THE THRIFT ALLIANCE D/B/A ThriftSmart

20-1578635

Pt VI, Line 6 The organization has members, not shareholders.

Pt VI, Line 11b Form 990 is reviewed by each member of the board at a special meeting.

Pt VI, Line 7a Members are invited to assist, not voted in.

Pt VI, Line 7b Ratification is required for all decisions of the organization.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

Name(s) shown on return

THE THRIFT ALLIANCE D/B/A ThriftSmart

Identifying number

20-1578635

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 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 | |
| 9 | 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 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 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 | ▶ 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 1,385. |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|--------------------------|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 | 17 | 9,181. |
| 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 | <input type="checkbox"/> | |

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | 1,362. | 5.0 yrs | MQ | 200 DB | 477. |
| c 7-year property | | 21,950. | 7.0 yrs | MQ | 200 DB | 784. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | 1,775. |
| 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 instructions. | 22 | 13,602. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 08/19/12

Form 4562 (2012)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? . . . **Yes** **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|----------------------------------|---|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| 2005 Isuzu Truck | 04/28/09 | 100.00 | 13,788. | 13,788. | 5.00 | 200 DB-MQ | 1,775. | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | 1,775. |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

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 |
|--|------------------------------------|------------------------------|------------------------|--|--------------------------------------|
| 42 Amortization of costs that begins during your 2012 tax year (see instructions): | | | | | |
| New Website | 07/31/12 | 5,000. | 197 | 15.00 yrs | 333. |
| 43 Amortization of costs that began before your 2012 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 333. |

Miscellaneous Statement

| Board Members | | |
|---|--|--|
| <u>Pat Sauder, 1820 Downs Blvd, Franklin, 37064</u> | | |
| <u>Mac Kelton, PO Box 158271, Nashville 37215</u> | | |
| <u>Dick Wright, 6324 Canterbury Close, 37027</u> | | |
| <u>David Winningham, 1113 Murfreesboro Road #319, 37064</u> | | |
| Total | | |

990-EZ, 990, 990-T and 990-PF Information Worksheet

2012

Part I – Identifying Information

Employer Identification Number . . . 20-1578635
 Name THE THRIFT ALLIANCE D/B/A ThriftSmart
 Doing Business As _____
 Address 4890 Nolensville Road Room/Suite . . . _____
 City Nashville State . TN ZIP Code . . . 37211
 Foreign Country _____
 Telephone Number (615) 833-8200 Extension _____
 Fax _____ E-Mail Address . . . _____

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | | <input type="checkbox"/> 527 Organization |
| | | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . 6
- Short year — Beginning date . . . _____ Ending date . . . _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2012 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2011 overpayment credited to 2012 estimated tax _____

| Payment Quarters | Due Date | Form 990-T | | Form 990-PF | |
|----------------------|----------|------------|-------------|-------------|-------------|
| | | Date Paid | Amount Paid | Date Paid | Amount Paid |
| 1st Quarter Payment | 10/15/12 | | | | |
| 2nd Quarter Payment | 12/17/12 | | | | |
| 3rd Quarter Payment | 03/15/13 | | | | |
| 4th Quarter Payment | 06/17/13 | | | | |
| Additional Payment 1 | | | | | |
| Additional Payment 2 | | | | | |
| Additional Payment 3 | | | | | |
| Additional Payment 4 | | | | | |

Part VI – Electronic Filing Information

IMPORTANT: Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Electronic Filing:

[X] File the federal return electronically

Practitioner PIN program:

[X] Sign this return electronically using the Practitioner PIN

[] ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 78635

Date PIN entered 11/01/2013

Electronic Filing of Extensions:

[] Check this box to file Form 8868 (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name . Richard Gygi

Electronic Filing of Amended Return:

[] Check this box to file amended return electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

Yes No

[] [] Use electronic funds withdrawal of federal balance due (EF only)?

[] [] Use electronic funds withdrawal of Form 8868 balance due (EF only)?

[] [] Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, (Review transferred information for accuracy)

Bank Information

Name of Financial Institution (optional) . . .

Check the appropriate box [] Checking [] Savings

Routing number

Account number.

Payment Information

Enter the payment date to withdraw tax payment

Balance due amount from this return

Enter an amount to withdraw tax payment

If partial payment is made, the remaining balance due

Payment date for amended returns

Balance due amount for amended returns

Part VIII – Information for Client Letter

| | Form 990-EZ or Form 990 | Form 990-PF | Form 990-T |
|-----------------------------|----------------------------|-------------|------------|
| Extended Due Date | | | |

Letter Salutation. . .

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 01

QuickZoom to Firm/Preparer Info

QuickZoom to Form 990-EZ, Pages 1 through 4

QuickZoom to Form 990, Page 1.

QuickZoom to Form 990-PF, Page 1.

QuickZoom to Form 990-T, Page 1 ▶ _____
QuickZoom to Form 990-N, e-PostCard ▶ _____
QuickZoom to Client Status ▶ _____

Form 4562

Depreciation and Amortization Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - / Form 990EZ

Tax Year 2012
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|-------------------|--------------------|----------------------|
| DEPRECIATION | | | | | | | | | | | | |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 200DB/MQ | | 477 |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | | 1,385 |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 200DB/MQ | | 784 |
| SUBTOTAL CURRENT YEAR | | | 28,297 | 0 | | 0 | 0 | 28,297 | | | 0 | 2,646 |
| AMORTIZATION | | | | | | | | | | | | |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 24,242 | 905 |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 18,811 | 4,560 |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 200DB/MQ | 10,314 | 1,775 |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 2,271 | 790 |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 167 | 79 |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 2,743 | 1,290 |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 1,872 | 748 |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 300 | 141 |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 200DB/HY | 116 | 52 |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 200DB/HY | 239 | 88 |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 |
| SUBTOTAL PRIOR YEAR | | | 206,441 | 0 | | 0 | 0 | 206,441 | | | 164,573 | 10,956 |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 164,573 | 13,602 |
| AMORTIZATION | | | | | | | | | | | | |
| New Website | | 07/31/12 | 5,000 | | 100.00 | | | 5,000 | 15.00 | | | 333 |
| SUBTOTAL CURRENT YEAR | | | 5,000 | | | 0 | 0 | 5,000 | | | 0 | 333 |
| TOTALS | | | 5,000 | | | 0 | 0 | 5,000 | | | 0 | 333 |

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - / Form 990EZ

Tax Year 2012
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/ Convention | Prior Depreciation | Current Depreciation | Adjustment/ Preference |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|--------------------|--------------------|----------------------|------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 150DB/MQ | | 358 | 119. |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | | 1,385 | 0. |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 150DB/MQ | | 588 | 196. |
| SUBTOTAL CURRENT YEAR | | | 28,297 | 0 | | 0 | 0 | 28,297 | | | 0 | 2,331 | 315. |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 | 0. |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 | 0. |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 24,242 | 905 | 0. |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 18,811 | 4,560 | 0. |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 150DB/MQ | 9,060 | 1,775 | 0. |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 2,271 | 790 | 0. |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 167 | 79 | 0. |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 2,743 | 1,290 | 0. |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 1,872 | 748 | 0. |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 300 | 141 | 0. |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 150DB/HY | 89 | 45 | 7. |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 150DB/HY | 186 | 82 | 6. |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| SUBTOTAL PRIOR YEAR | | | 206,441 | 0 | | 0 | 0 | 206,441 | | | 163,163 | 10,827 | 129. |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 163,163 | 13,158 | 444. |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Form 4562

Depreciation and Amortization Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - All Assets

Tax Year 2012
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Accumulated Depreciation* |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|-------------------|--------------------|----------------------|---------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 | 20,554 |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 | 82,636 |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 24,242 | 905 | 25,147 |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 18,811 | 4,560 | 23,371 |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 200DB/MQ | 10,314 | 1,775 | 12,089 |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 2,271 | 790 | 3,061 |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 167 | 79 | 246 |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 2,743 | 1,290 | 4,033 |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 1,872 | 748 | 2,620 |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 300 | 141 | 441 |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 200DB/HY | 116 | 52 | 168 |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 200DB/HY | 239 | 88 | 327 |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 | 209 |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 | 209 |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 | 209 |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 77 | 132 | 209 |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 200DB/MQ | | 477 | 477 |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | | 1,385 | 1,385 |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 200DB/MQ | | 784 | 784 |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 164,573 | 13,602 | 178,175 |
| AMORTIZATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| New Website | | 07/31/12 | 5,000 | | 100.00 | | | 5,000 | 15.00 | | | 333 | 333 |
| TOTALS | | | 5,000 | | | 0 | 0 | 5,000 | | | 0 | 333 | 333 |

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - All Assets

Tax Year 2012
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Adjustment/Preference |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|-------------------|--------------------|----------------------|-----------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 | 0. |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 | 0. |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 24,242 | 905 | 0. |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 18,811 | 4,560 | 0. |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 150DB/MQ | 9,060 | 1,775 | 0. |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 2,271 | 790 | 0. |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 167 | 79 | 0. |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 2,743 | 1,290 | 0. |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 1,872 | 748 | 0. |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 300 | 141 | 0. |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 150DB/HY | 89 | 45 | 7. |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 150DB/HY | 186 | 82 | 6. |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 58 | 103 | 29. |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 150DB/MQ | | 358 | 119. |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | | 1,385 | 0. |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 150DB/MQ | | 588 | 196. |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 163,163 | 13,158 | 444. |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Form 4562

Depreciation and Amortization Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - All Assets

Tax Year 2013 - Projected
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Accumulated Depreciation* |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|-------------------|--------------------|----------------------|---------------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 | 20,554 |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 | 82,636 |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 25,147 | 905 | 26,052 |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 23,371 | 4,561 | 27,932 |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 200DB/MQ | 12,089 | 1,699 | 13,788 |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 3,061 | 790 | 3,851 |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 246 | 78 | 324 |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 4,033 | 1,291 | 5,324 |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 2,620 | 673 | 3,293 |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 441 | 140 | 581 |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 200DB/HY | 168 | 37 | 205 |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 200DB/HY | 327 | 53 | 380 |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 209 | 95 | 304 |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 209 | 95 | 304 |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 209 | 95 | 304 |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 200DB/HY | 209 | 95 | 304 |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 200DB/MQ | 477 | 354 | 831 |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | 1,385 | 1,662 | 3,047 |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 200DB/MQ | 784 | 6,047 | 6,831 |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 178,175 | 18,670 | 196,845 |
| AMORTIZATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| New Website | | 07/31/12 | 5,000 | | 100.00 | | | 5,000 | 15.00 | | 333 | 333 | 666 |
| TOTALS | | | 5,000 | | | 0 | 0 | 5,000 | | | 333 | 333 | 666 |

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

Alternative Minimum Tax Depreciation Report

2012

THE THRIFT ALLIANCE D/B/A ThriftSmart
Form 990 - All Assets

Tax Year 2013 - Projected
► Keep for your records

20-1578635

| Asset Description | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation | Adjustment/Preference |
|------------------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|-------------------|--------------------|----------------------|-----------------------|
| DEPRECIATION | | | | | | | | | | | | | |
| Form 990 | | | | | | | | | | | | | |
| Signage at Nolensville Road | | 05/27/05 | 20,554 | | 100.00 | | | 20,554 | 7.00 | SL/HY | 20,554 | 0 | 0. |
| Equipment at Nolensville Road | | 06/01/05 | 82,636 | | 100.00 | | | 82,636 | 7.00 | SL/HY | 82,636 | 0 | 0. |
| Leasehold Improvements | | 06/15/05 | 31,032 | | 100.00 | | | 31,032 | 15.00 | SL/HY | 25,147 | 905 | 0. |
| Donation Bins | | 04/17/08 | 31,922 | | 100.00 | | | 31,922 | 7.00 | SL/MQ | 23,371 | 4,561 | 0. |
| 2005 Isuzu Truck | A | 04/28/09 | 13,788 | | 100.00 | | | 13,788 | 5.00 | 150DB/MQ | 10,835 | 1,775 | -76. |
| Server, computers, etc. (Arizona) | | 07/01/09 | 3,950 | | 100.00 | | | 3,950 | 5.00 | SL/MQ | 3,061 | 790 | 0. |
| Forklift | | 04/29/10 | 550 | | 100.00 | | | 550 | 7.00 | SL/MQ | 246 | 78 | 0. |
| Wire Bins for Merchandise | | 05/31/10 | 9,034 | | 100.00 | | | 9,034 | 7.00 | SL/MQ | 4,033 | 1,291 | 0. |
| Buildout and repair | | 05/31/10 | 9,352 | | 100.00 | | | 9,352 | 15.00 | 150DB/MQ | 2,620 | 673 | 0. |
| Zebra Therm | | 06/22/10 | 704 | | 100.00 | | | 704 | 5.00 | SL/MQ | 441 | 140 | 0. |
| AC for Server Room | | 07/24/10 | 299 | | 100.00 | | | 299 | 7.00 | 150DB/HY | 134 | 37 | 0. |
| Acer Laptop | | 03/27/11 | 460 | | 100.00 | | | 460 | 5.00 | 150DB/HY | 268 | 77 | -24. |
| Flat Screen TV # 1 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 161 | 81 | 14. |
| Flat Screen TV # 2 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 161 | 81 | 14. |
| Flat Screen TV # 3 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 161 | 81 | 14. |
| Flat Screen TV # 4 | | 10/13/11 | 540 | | 100.00 | | | 540 | 7.00 | 150DB/HY | 161 | 81 | 14. |
| Printer, scanner, desktop computer | | 07/17/12 | 1,362 | | 100.00 | | | 1,362 | 5.00 | 150DB/MQ | 358 | 301 | 53. |
| Battery for fork-lift | | 09/12/12 | 4,985 | | 100.00 | | | 4,985 | 3.00 | SL/NA | 1,385 | 1,662 | 0. |
| Recyclingbin.com | | 05/03/13 | 21,950 | | 100.00 | | | 21,950 | 7.00 | 150DB/MQ | 588 | 4,578 | 1,469. |
| TOTALS | | | 234,738 | 0 | | 0 | 0 | 234,738 | | | 176,321 | 17,192 | 1,478. |

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning Jul 1, 2012, and ending Jun 30, 2013.

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

THE THRIFT ALLIANCE D/B/A ThriftSmart

20-1578635

Name and title of officer

Richard Gygi

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | | | |
|-----|----------------------------------|-------------------------------------|---|--|-----|-------------------|
| 1 a | Form 990 check here . . . ▶ | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | <u>1,444,912.</u> |
| 2 a | Form 990-EZ check here . . . ▶ | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2 b | |
| 3 a | Form 1120-POL check here . . . ▶ | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3 b | |
| 4 a | Form 990-PF check here . . . ▶ | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a | Form 8868 check here . . . ▶ | <input type="checkbox"/> | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5 b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 11/01/2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/13/2013

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

IRS e-file Authentication Statement

2012

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Employer ID Number. Row 1: THE THRIFT ALLIANCE D/B/A ThriftSmart, 20-1578635

A - Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Form with checkboxes for 'Officer(s) entered PIN(s)' and 'ERO entered Officer's PIN'. The first checkbox is checked.

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 623166 Self-Select PIN 02547

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2012 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 78635
Date 11/01/2013

Electronic Filing Information Worksheet

2012

Keep for your records

Name(s) shown on return THE THRIFT ALLIANCE D/B/A ThriftSmart Identifying number 20-1578635

The ERO Information below will automatically calculate based on the preparer code entered on the return.

Firm Name Wilson & Wilson , PC, CPA, CFE Preparer PTIN P00635285
ERO Name James C. Wilson, Jr., CPA Employer Identification Number 62-1315547
ERO Address 8122 Sawyer Brown Rd, Suite 212 Phone Number (615) 673-1330 Fax Number (615) 673-1310
City Nashville (Bellevue) State TN ZIP Code 37221-1411 Electronic Filers Identification Number (EFIN) 623166
Country Preparer E-mail Address jwcwcpa@bellsouth.net

Firm Name Wilson & Wilson , PC, CPA, CFE Preparer PTIN P00635285
Preparer Name James C. Wilson, Jr., MBA, CPA, CFE Employer Identification Number 62-1315547
Address 8122 Sawyer Brown Rd, Suite 212 Phone Number (615) 673-1330 Fax Number (615) 673-1310
City Nashville (Bellevue) State TN ZIP Code 37221-1411 Electronic Filers Identification Number (EFIN) 623166
Country Preparer E-mail Address jwcwcpa@bellsouth.net

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return
Check this box to file another amended return electronically
* Select the NY State or City Amended return to file electronically.

Part IV - Name Control

Name Control, enter here to override default THRI

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

operating the best thrift stores in the world and promoting thrifty
living---All for God's Glory.

Schedule O (Form 990) Supplemental Information to Form 990

Form 990, Page 6, Line 9 (continued)

| Name | Address | City | St | ZIP |
|-------------------------|-----------------------------------|------------------|-----------|--------------|
| <u>Dick Gyi</u> | <u>7017 Concord Rd.</u> | <u>Brentwood</u> | <u>TN</u> | <u>37027</u> |
| <u>Pat Sauder</u> | <u>1820 Downs Blvd.</u> | <u>Franklin</u> | <u>TN</u> | <u>37064</u> |
| <u>David Winningham</u> | <u>1113 Murfreesboro Rd. #319</u> | <u>Franklin</u> | <u>TN</u> | <u>37064</u> |
| <u>Mac Kelton</u> | <u>PO Box 158271</u> | <u>Nashville</u> | <u>TN</u> | <u>37215</u> |

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

| Description | Amount |
|--------------------|-------------------|
| Revenue from sales | 1,408,339. |
| Advertising income | 36,568. |
| Total | <u>1,444,907.</u> |

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

| Description | Amount |
|------------------------------|-----------------|
| Payroll Expense | 432,743. |
| Bonus | 74,804. |
| Payroll adjustment entry PBC | 1,040. |
| Total | <u>508,587.</u> |

Supporting Statement of:

Form 990 p 10/Line 10 col (B)

| Description | Amount |
|-----------------------|----------------|
| Payroll taxes expense | 43,676. |
| Total | <u>43,676.</u> |

Supporting Statement of:

Form 990 p 10/Line 23 col (B)

| Description | Amount |
|--------------------------------------|----------------|
| Commercial auto insurance for trucks | 4,151. |
| General business insurance | 6,061. |
| Worker Compensation insurance | 10,068. |
| Total | <u>20,280.</u> |

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

| Description | Amount |
|--------------------|----------------|
| 1st Bank Operating | 65,111. |
| Petty Cash | 40. |
| First Tennessee | 80. |
| First Bank Reserve | 5,367. |
| Total | <u>70,598.</u> |

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

| Description | Amount |
|--------------|----------------|
| Cash in bank | 70,507. |
| Petty cash | 40. |
| Total | <u>70,547.</u> |

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

| Description | Amount |
|------------------------------------|----------------|
| Accounts Payable | 1,912. |
| Audit & Tax Return Expense Accrual | 5,500. |
| Payable to Thrift Management | 6,006. |
| Total | <u>13,418.</u> |

Supporting Statement of:

Form 990 p 11/Line 24, column (A)

| Description | Amount |
|---------------------------------|-----------------|
| Notes Payable - Other Long Term | 232,605. |
| Total | <u>232,605.</u> |

Supporting Statement of:

Form 990 p 11/Line 24, column (B)

| Description | Amount |
|-----------------------------|------------------------|
| Interest payable | 86,103. |
| Notes payable-Glenn Wilson | 46,475. |
| Notes payable-Jay Franks | 47,245. |
| Notes payable-Ken Samuelson | 13,885. |
| Notes payable-Mark Button | 25,000. |
| Notes payable-John Wilson | 50,000. |
| Notes payable-Pinnacle | 38,936. |
| Total | <u>307,644.</u> |

Form 990 p 7: Part VII Compensation of Officers etc.

Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees

Note: Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

| (A) Name and Title | Ck if B u s i n e s s s | (B) Avg hrs/wk (list hrs for related orgs below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) C1 - Indiv trustee or dir C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former | | | | | | (D) Reportable compn from the organi- zation (W-2/ 1099-MISC) | (E) | (F) Est amt of oth compn from org and related orgs |
|--|--|---|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---------|--|-----|--|
| | | | C1 | C2 | C3 | C4 | C5 | C6 | | | |
| | | | Reportable compn from related orgs (W-2/1099-MISC) | | | | | | | | |
| (1) <u>Dick Gygi</u> _____ Executive Director | <input type="checkbox"/> | 20.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (2) <u>David Winningham</u> _____ Chairman | <input type="checkbox"/> | 5.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (3) <u>Pat Sauder</u> _____ Secretary | <input type="checkbox"/> | 5.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (4) <u>Dick Wright</u> _____ DIRECTOR | <input type="checkbox"/> | 5.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (5) <u>Mac Kelton</u> _____ Director | <input type="checkbox"/> | 5.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (6) <u>B. R. Krapf</u> _____ Operations Mgr. | <input type="checkbox"/> | 40.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 65,297. | 0. | 0. | |
| (7) <u>Jack Watkins</u> _____ Director | <input type="checkbox"/> | 5.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (8) _____ | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (9) _____ | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (10) _____ | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Form 990 p 9: Part VIII Statement of Revenue

| Line 2f - All Other Program Service Revenue Smart Worksheet | | | | |
|--|-------------------------|--|---|--|
| The total of the following items carry to line 2f below: | | | | |
| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Revenue from sales | 1,408,339. | 1,408,339. | | |
| Revenue from collection bin advertising | 36,568. | 0. | 36,568. | |
| | | | | |
| | | | | |
| | | | | |

Form 990 p 10: Part IX Statement of Functional Expenses

| Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet | | | | |
|---|--------------|----------------------------|----------------------------------|--------------------|
| To enter assets, QuickZoom to Asset Entry Worksheet ➔ | | | | |
| To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report ➔ | | | | |
| QuickZoom to Form 4562 for Form 990 ➔ | | | | |
| The following items carry to line 22 below: | | | | |
| | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| A Depreciation | 13,602. | 13,602. | 0. | 0. |
| B Depletion | | | | |
| C Amortization | 333. | 0. | 333. | 0. |

Sch D, page 5 (Copy No. 1): Part XIII Supplemental Information

| Supplemental Information Smart Worksheet | |
|--|------------|
| Description of this copy of Schedule D, page 5. | Copy No. 1 |
| QuickZoom here to another copy of Schedule D, page 5. | ➔ |

Schedule I: Grants and Other Assist. to Org. and Gov. in the U.S.

Schedule I, Part II, Line 1 Smart Worksheet

Note: Enter the listing of grants or other assistance to governments and organizations in the U.S. into this Smart Worksheet. The first eight items will transfer to the schedule below. Additional items will transfer to a continuation sheet for Schedule I, Part II.

| (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 |
|---|------------|--|--------------------------------|--|--|---|---|
| African Leadership P.O. Box 2888 Brentwood TN 37024 Foreign Address: | 31-1736706 | | 30,000. | | | | Spiritual Education |
| Mercy Community Healthcare 1113 Murfreesboro Rd, Ste 19 Franklin TN 37064 Foreign Address: | 62-1781969 | | 30,000. | | | | Spiritual Education |
| See Part II, Grants to Organizations and Governments in the U.S. | | | | | | | |
| | | | | | | | |
| Foreign Address: | | | | | | | |
| | | | | | | | |

Sch I, page 2: Grants and Other Assist. to Individuals in the U.S.

Supplemental Information Smart Worksheet

Note: Enter the explanation required in Part I, line 2, regarding monitoring of funds, and in Part III, column (b) regarding how the organization estimated the number of recipients for each type of grant or assistance. The line number references and descriptions entered here are automatically included in Part IV – Supplemental Information below..

| Line Number | Explanation |
|-------------|--|
| Pt I Line 2 | The Donee provides feedback to the board regarding use of funds. |
| | |
| | |
| | |
| | |

Note: Enter the line number and description for lines other than Part I, line 2 and Part III, column (b) here. The line number references and descriptions entered here are automatically included in Part IV – Supplemental Information below..

| Line Number | Explanation |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |

Schedule I, Grants to Organizations and Individuals in the U.S.

Part II, Grants to Organizations and Governments in the U.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 Assistance |
|---|------------|--|--------------------------------|--|--|---|---|
| New Hope Academy 1820 Downs Blvd. Franklin TN 37064 Foreign Address: | 63-1172489 | | 30,000. | | | | Spiritual Education |
| The Belize Project P.O. Box 158271 Nashville TN 37215 Foreign Address: | 32-0125019 | | 30,000. | | | | Spiritual Education |