	•	$\Delta \Delta \Delta$
Form 99U	Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. $\wedge \cap \cap$

		of the Treasury venue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	." <u>1</u> 40	Open to Public Inspection
A			dar year, or tax year beginning $07/01/2018$ and ending $06/30/2019$	1 19	inspection .
В			C Name of organization The Thrift Alliance	D Emp	loyer identification number
\Box	Addre	ess change	Doing business as ThriftSmart	20-1	.578635
Ħ	Nam	e change	Number and street (or P O box if mail is not delivered to street address) Room/suite		phone number
\sqcap	Initial	return	4890 Nolensville Road	(615) 833-8200
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amer	nded return	Nashville, TN 37211	G Gros	s receipts \$1,490,836.
	Applica	ation pending	F Name and address of principal officer Richard Gygi H(a	a) Is this a group	return for subordinates? Yes X No
			4890 Nolensville Road Nashville, TN 372110 Hit	د) Are all subc	ordinates included? Yes No
<u> </u>	ax-ex	empt status	X 501(c)(3)	If 'No," atta-	ch a list (see instructions)
J V	Vebsi	te: > www .	<u> </u>		nplion number
		f organization	X Corporation Trust Association Other ►	14 M	State of legal domicile TN
·P	art I				
	1	-	be the organization's mission or most significant activities	<u>_</u>	
çe					ift Alliance
nan	İ		es thrift stores to benefit customers, employ		nd charities.
Activities & Governance	2		ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net	t assets	1
ဖိ	3		oting members of the governing body (Part VI, line 1a)	3	4
eğ Ç	4		dependent voting members of the governing body (Part VI, line 1b)	4	- 4
Ħį.	5		r of individuals employed in calendar year 2018 (Part V, line 2a)	5	65
ŧ	6		r of volunteers (estimate if necessary)	6	0
⋖	1		ed business revenue from Part VIII, column (C), line 12	7a 7b	0.
	 	ivet unrelated	d business taxable income from Form 990-T, line 38 Prior Yea		Current Year
	8	Contributions		,366.	11,138.
ē	9		vice revenue (Part VIII, line 2g)		1,469,337.
eur	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)	, 333.	5.
Revenue	11		ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,356.
_	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.725	1,490,836.
_	13		similar amounts paid (Part IX, column (A), lines 1-3)	7.20.	
	14		to or for members (Part IX, column (A), line 4)		
	15	-	· · · · · · · · · · · · · · · · · · ·	,442.	709,725.
Expenses	16a	Professional	er compensation, employee benefits (Part IX, column (A), lines 5-10) 798 fundraising fees (Part IX, column (A), line 11e RECEIVED		
pen	b		sing expenses (Part IX, column (D), line 25)	\$ 1 m	
Щ	17	Other expens	sing expenses (Part IX, column (D), line 25) ses (Part IX, column (A), lines 11a-11d, 24e) MAY 2 0 2020 819 es Add lines 13-17 (must equal Part IX) column (A), line 25) 1,618	,902.	<u>635,551.</u>
	18	Total expens	es Add lines 13-17 (must equal Part IX <mark>Col</mark> umn (A), line 25) 2 1 , 618	,344.	1,345,276.
	19	Revenue less	s expenses Subtract line 18 from line 12 ———————————————————————————————————	619.	<u>145,560.</u>
es o			Beginning of Cur		End of Year
Assets or d Balances	20		· · · · · · · · · · · · · · · · · · ·	,226.	180,669.
Net As Fund E	21			,410.	320,293.
_				,184.	-139,624.
		Signatu			
	-		y, I declare that I have examined this return, including accompanying schedules and statements, and to the		y knowledge and belief, it is
true	e, corr		ete, Declaration of preparer (other than officer) is based on all information of which preparer has any know		la alassa
Ç.	an	Signature	of officer Da	<i></i>	25/2019
	gn ere				
110	וייי		ard Gygi, Executive Director		
_			/Type preparer's name Preparer's signature Date	Check	X If PTIN
	aid Sana		s I Barber / CPA 10/15/20		mployed P01356692
	epa		5 2 2022022		81-3493231
US	se O	,		hone no	<u></u>
					43-0128
Mav	the II		is return with the preparer shown above? (see instructions)	, -	X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAY 0 4 2021

Form **990** (2018)

) (Revenue \$) 1,281,732.

Form 990 (2018) The Thrift Alliance 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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Į		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	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			l
_	"Yes," complete Schedule D, Part I	6	<u> </u>	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		
9	complete Schedule D, Part III	8		X
J	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	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	 	<u> </u>
••	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	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	31		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments–program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ľ	х
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.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	IZa		
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	. }	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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)	17		<u> </u>
8	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	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III .	19		X
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
þ	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	X

Pal	Checklist of Required Schedules (continued)		т	т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part iX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	├—	X
24 a	Garage and a second property of the s			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
b b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		\vdash
•	to defease any tax-exempt bonds?	24c		
d		24d	1	\vdash
25 a				\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ĺ	1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		_^
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M .	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	ļ	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\overline{}$	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
37	related organization? If "Yes,", complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	<u> </u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 -		_ <u></u> -
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	L
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1 a		<u>o</u> :		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u> </u>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winner.	s?! 1c	,	

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orm' 9	00 (2018) The Thrift Alliance	20-15786	35 F	age
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax]	
	Statements, filed for the calendar year ending with or within the year covered by this return	65		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L.
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ı
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	? 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	I-C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	·		
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	[[ĺ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	į e	ļ	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		l	
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1 1	ľ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	or excess parachute payment(s) during the year?	15		X
	If "Yes " see instructions and file Form 4720. Schedule N		- 1	

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

16

If "Yes," complete Form 4720, Schedule O

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	on A. Governing Body and Management				
				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a4	l .		
	If there are material differences in voting rights among members of the governing body, or		1		
	if the governing body delegated broad authority to an executive committee or similar				1
	committee, explain in Schedule O				ł
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 4	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X X X
6	Did the organization have members or stockholders?		6		<u> </u>
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		l		
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				1
	the year by the following				
а	The governing body? .		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)			
				Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
b	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?		10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		l		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<u> </u>
14	Did the organization have a written document retention and destruction policy?		14		X
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	on?			
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization		15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				- 1
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year? .		16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				Ì
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶TN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website X Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest policy, and			
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and	records > (615)	833	-82	00

Kari Smith 454 Downs Boulevard Franklin, TN 37064

	_		
Form 990 (2018)	The	Thrift	Alliance

20-1578635 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization r	or any rela	ted o	rgar	niza	tıon	com	oen	sated any curr	ent officer, direc	tor, or trustee
				(0	>)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	ieck i	more	than o	ne	Reportable	Reportable	Estimated
	hours per		unles	s pe	rson	is both	an	compensation	compensation from	amount of
	week (list any hours for	I ottice		d a d	rect	or/truste	ee)	from the	related organizations	other compensation
	related	Individual trustee or director	Ins	ç	6	em H	Fo	organization	(W-2/1099-MISC)	from the
	organizations		텵	Officer	Key employee	ploy	Former	(W-2/1099-MISC)	,	organization
	below dotted	당 를	9		흥	ee co	•	,		and related
	line)	Sur	2		yee	<u>ж</u>				organizations
		8	Institutional trustee			nsa				
					_	Highest compensated employee				
40 - 1 - 1										
(1) Richard Gygi	20.00							05 055		
Executive Director	-	ļ .	<u> </u>	X				27,857.		
(2) Ed Freeman	01.00									
<u>Director</u>		X			 					
(3) Bruce Krapf	45.00				l					
Operations Manager				<u> </u>	X					<u> </u>
(4) Jeff Pack	02.00	ł			l			1		
Chairman		X								
(5) Emily Blackledge	01.00									
Director		Х			<u> </u>					
(6) Kimberly Aliotte	01.00				ĺ					II
Director		X	L							<u> </u>
(7) Parker Page	01.00									
Director		X								
(8)										
			$ldsymbol{ld}}}}}}$							
(9)										
	ļ		L							
(10)										
(11)	-									
(11)	<u> </u>									
(12)										
(13)										
			Щ							
(14)	<u> </u>									

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	yee	s, a	nd H	gh	est Compensa	ted Employee	s (continued)
				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	1				than o		Reportable	Reportable	Estimated
	hours per week (list any	1				is both		compensation	compensation from related	amount of other
	hours for		_		_	or/truste		the	organizations	compensation
	related	or d	Instr	Officer	Key employee	흵호	Former	organization	(W-2/1099-MISC)	from the
	organizations	dividual t		Ě	em	loye	ē	(W-2/1099-MISC)		organization
	below dotted line)	의 연 17	nal		ğ	ě c				and related organizations
		Individual trustee or director	Institutional trustee		ď	pen				
		"	ee			Highest compensated employee				
(15)	 				┝	ä				
(10)										
(16)	 			├─		-	-			
(1.0)	-									
(17)				\vdash		-	\vdash			
										[
(18)										
(19)					_					
							İ		ı	
(20)										
										_
(21)										
					Ĺ					
(22)					7					
(23)										
(24)										
(05)										
(25)										
1b Sub-total	l							07 057		
		tion /						27,857.		
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	irt vii, Seci	lion A	•					27 057		
2 Total number of individuals (including l	out not limit	od to	tho	<u> 1</u>	ıcto	d abo	wo)	27,857.	more than \$100	000 of
reportable compensation from the orga		eu io	uio	5E I	1516	u abu	ve)	who received	more man \$100	,000 01
reportable compensation from the orga	IIIZation									Van Na
3 Did the organization list any former office	er director	or tri	uste	e k	(ev	emnlo	Ver	e or highest co	mnensated	Yes No
employee on line 1a? If "Yes," complete	•				•		,, .	o, or mgmoot ot	, in periodica	3 X
4 For any individual listed on line 1a, is the							n ar	nd other compe	ensation from th	
organization and related organizations gr					•			•		
individual		, ,					•	,5.0.0		4 X
5 Did any person listed on line 1a receive of	or accrue co	mper	nsat	tion	fro	m anv	un un	related organiz	zation or individ	
for services rendered to the organization		•				•		_		5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization Rep	compensate	ed inc	lepe on fo	ende or th	ent o	contra alend	acto ar y	rs that receive rear ending wit	d more than \$10 h or within the o	00,000 of organization's
tax year.										· <u>-</u>
(A) Name and business address								(B) Description of	services	(C) Compensation
									··	= - 1,
								-		<u> </u>
										
2 Total number of independent contractors	(including	but no	at lir	mite	od to	thos	ما ہ	stad abova) wh		

received more than \$100,000 of compensation from the organization▶

Form **990** (2018)

		Check if Schedule O contain	ns a response or no	te to any line in this	s Part VIII			П
		. ;			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>18</u> 18	12	Federated campaigns	1a	Γ	 	1		
ימון היו	Ι.		. 1b	 	┪			
ع ق	b	Fundraising events	1c		1			
T A	ن ا	•	1d	 	-			
۾ ' <u>ة</u>	d	Related organizations		 	┥ `			
Sin		Government grants (contribut	1	-	-	4		
iğ je	['	All other contributions, gifts, g		11 120		,,		
등 등		and similar amounts not inclu		† *	┧ '	· 1	1	1
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions include	eo in lines 1a-11 \$		11,138.			
	 "	Total. Add lines 1a-1f		Business Code	11,138.			
Program Service Revenue	20	Thriftstore sa	100	453310	1,469,337.	1 460 337		
Seve				433310	1,409,337.	1,409,337.		
8	b				 	 		
ξ	C				 	 		
Ε	d					 		
E E		All other program service reve	2010	ļ	 			
P	'		silue .		1,469,337.			
	3		duudanda interest		1,469,337.			
	,	Investment income (including	dividends, interest	'	5.	5.		
		and other similar amounts)	v avamet band ara	noode .	<u></u>	<u></u>		
	5	Income from investment of tax	x-exempt bond prod	ceeas				
	"	Royalties	(ı) Real	(II) Personal	 		·	
	6a	Gross rents	2,400.	(ii) Fersonai	1			
		Less rental expenses	2,400.		1			
		Rental income or (loss)	2,400.		-			
			2,400.	•	2,400.			2,400.
	1	Gross amount from sales of	(i) Securities	(ii) Other	2,100.			2,400.
	' a	assets other than inventory	(i) decurities	(ii) Other	1			
	١,	Less cost or other basis			-			,
	"	and sales expenses						٠ ,
	_	Gain or (loss)	_					
	l	Net gain or (loss)	L	•				****
		rect gain or (1095)	•					
an.	Ra.	Gross income from fundraisin	na					i
, e	""	events (not including \$	'9					
8		of contributions reported on lii		}	· ,	l		
Other Revenue		See Part IV, line 18	лс то,					
ō	Ь	Less direct expenses	b	<u> </u>	1	į		
			-					
	1	Gross income from gaming a				· · · · · · · · · · · · · · · · · · ·		
		See Part IV, line 19	а	}				,
	ь	Less direct expenses	b	-] ,			
		Net income or (loss) from gan	ning activities					
		Gross sales of inventory, less	-					
		returns and allowances	a				•	,
	b	Less cost of goods sold	. b]			
		Net income or (loss) from sale		>				
		Miscellaneous Revenue		Business Code				
	11 a	Advertising re	venue	541800	7,956.	7,956.		
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	7,956.			
	12	Total revenue. See instruction	ons	<u> </u>	1,490,836.	1,477,298.		2,400.

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 or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, Total expenses Program service Management and Fundraising and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 632,166. 632,166. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,711 27,711 Other employee benefits . 10 Payroll taxes 49,848. 49,848. Fees for services (non-employees) 36,668 36,668 a Management b Legal 853. 853. 15,762. 15,762. C Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 30,621 30,621 12 Advertising and promotion Office expenses . 22,815. 12,955. 9,860. 13 23,744. 23,744 14 Information technology 15 Royalties 331,142 16 331,142. Occupancy 17 401 401. Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 12,700. 12,700. 20 Interest 21 Payments to affiliates . 24,261 24,261 22 Depreciation, depletion, and amortization . 23 insurance . 17,943. 17,943. 24 Other expenses, Itemizé expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount evoceds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 111,754. 111,754. a Thriftstore operations 5,888. 5,888 b Dues and subscriptions c Personal property taxes 999. 999. d e All other expenses 1,345,276. 1,281,732. 63,544 Total functional expenses. Add lines 1 through 24e 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash — non-interest-bearing . 18,124 134,229. 2 Savings and temporary cash investments Pledges and grants receivable, net . . 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 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 Inventories for sale or use 22,500 <u>12,500.</u> Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D <u>353,996</u> 322,724 52,601 10c 31,272 10Ь b Less accumulated depreciation 11 11 Investments — publicly traded securities 12 Investments -- other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 3,001 2,668. 14 Intangible assets 15 15 Other assets See Part IV, line 11 96,226 180,669. Total assets. Add lines 1 through 15 (must equal line 34) 16 67,451. 114,415. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 261,823. 23 **246,617**. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities 6,225 5,172 25 not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 381,410. 320,293. 26 Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. -139,624. -285,18427 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Dand complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 -285,184.-139,624. Total net assets or fund balances

96,226.

Total liabilities and net assets/fund balances

Par	XI Reconciliation of Net As	sets						
	Check if Schedule O contains a re	esponse or note to any	line in this Part XI					
1	Total revenue (must equal Part VIII, co	lumn (A), line 12)		1		L,49	0,8	<u> 36.</u>
2	Total expenses (must equal Part IX, co	lumn (A), line 25)		2		L,34	5,2	<u> 76.</u>
3	Revenue less expenses Subtract line	2 from line 1		3		14	<u>5,5</u>	<u>60.</u>
4	Net assets or fund balances at beginning	ng of year (must equal	Part X, line 33, column (A))	4		-28	5,1	84.
5	Net unrealized gains (losses) on invest	ments		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 ba	alances (explain in Sch	edule O)	9				
10	Net assets or fund balances at end of	ear Combine lines 3 t	hrough 9 (must equal Part X, line					
	33, column (B))			10		-13	9,6	24.
Part	XII Financial Statements an	d Reporting						
_	Check if Schedule O contains a re	esponse or note to any	line in this Part XII					X
							Yes	No
1	Accounting method used to prepare th	e Form 990 🔲 Cash	n 🛣 Accrual 🗌 Other					
			rior year or checked "Other," explain in Schedule	0				
2 a	Were the organization's financial state					2a		X
	If "Yes," check a box below to indicate	whether the financial s	tatements for the year were compiled or reviewed	on a s	eparate			
	basis, consolidated basis, or both							
	Separate basis	onsolidated basis	☐ Both consolidated and separate basis					
t	Were the organization's financial state	ments audited by an inc	dependent accountant?		•	2b	X	
	-		tatements for the year were audited on a separate	e basis	, consolidated		÷ ,	1
	basis, or both		•			,	1,	
	X Separate basis	Consolidated basis	Both consolidated and separate basis				٠,	
c	If "Yes" to line 2a or 2b, does the organ	nization have a committ	tee that assumes responsibility for oversight				4	
	_		and selection of an independent accountant?			2c	X	
	If the organization changed either its or	ersight process or sele	ection process during the tax year, explain in					
	Schedule O	• ,						
3 a	As a result of a federal award, was the	organization required t	to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular	-	•			3a		Х
t			dits? If the organization did not undergo the					
	_	•	-		-	3ь		
UYA	_	•	ribe any steps taken to undergo such audits				n 990	(2

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c) (3) organization or a section 4947(a) (1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs gov/Form990 for instructions and the latest information. Inspection

Name of the organization					Employer Identificatio	n number					
The Thrift Alliance					20-1578635						
Part I Reason for Public Cha						ons					
The organization is not a private foundation		•		-	•	1.					
1 A church, convention of church						M					
2 A school described in section						(),					
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).											
						مناطيية المحمدة مطا					
7 An organization that normally described in section 170(b)(1			ווטוו ווטוו	a governi	nental unit of from t	ne general public					
8 A community trust described in	• • • • • • • • •		o Part II \								
9 An agricultural research organ					n conjunction with a	land-grant college					
or university or a non-land-gra				•	•	-					
university	in conege or agr	icaltare (see monden	0110) =110	er the nu	ine, ony, and otate c	i the conege of					
	receives (1) mo	re than 33 1/3% of its	support	from con	tributions, members	hip fees, and gross					
10 An organization that normally receipts from activities related support from gross investment	to its exempt ful	nctions-subject to ce	rtain exce	eptions, a	nd (2) no more than	33 1/3% of its					
acquired by the organization a	income and un fter June 30-19	related business taxa 75 See section 509 6	bie incon (a)(2). (C	ne (Jess s omplete F	ection 511 tax) from Part III.)	businesses					
11 An organization organized and											
12 An organization organized and	operated exclus	ively for the benefit of	to perfo	rm the fur	nctions of, or to carry	out the purposes o					
one or more publicly supported	•				, , , ,						
the box in lines 12a through 12		• • • • • • • • • • • • • • • • • • • •	-			_					
a 🔲 Type I. A supporting organiz		•	-								
the supported organization(s	•	• • • •	ect a majo	ority of the	e directors or trustee	es of the supporting					
organization You must con	•										
b Type II. A supporting organization	•			-	•						
control or management of th			ie same p	persons ti	nat control or manaç	ge the supported					
organization(s) You must co	-		stad in aa	nnostion	with and functional	ly intograted with					
its supported organization(s)						iy integrated with,					
d Type III non-functionally in						ted organization(s)					
that is not functionally integra	_										
requirement (see instructions											
e Check this box if the organization	•	-				II, Type III					
functionally integrated, or Ty											
f Enter the number of supported of	•			_							
g Provide the following information	about the supp	orted organization(s)	_								
(I) Name of supported organization	(iı) EIN	(lii) Type of organization		organization		(vi) Amount of					
		(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
		above (see mondonomo))		, _	11100 00001107	mon donone,					
			Yes	No							
(A)											
(B)	II.		l								
(C)					İ						
			 								
(D)			1								
(E)			<u> </u>		-						
(E)						······································					

Schedule A (Form 990 or 990-EZ) 2018 The Thrift Alliance 20-1578635 Page 2

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)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1		}	}
	ınclude any "unusual grants ").	6,210.	6,657.	117,700.	11,366.	11,138.	<u>153,071.</u>
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	6,210.	6,657.	117,700.	11,366.	11,138.	153,071.
5	The portion of total contributions by						
	each person (other than a		,				
	governmental unit or publicly					l	
	supported organization) included on						
	line 1 that exceeds 2% of the amount				-		
	shown on line 11, column (f)						150 051
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						153,071.
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6,210.		117,700.	11,366.		153,071.
8	Gross income from interest, dividends,	0,210.	0,007.	117,700.	11,500.	11,100.	100,071.
·	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 VI)						_
11	Total support. Add lines 7 through 10						153,071.
12	Gross receipts from related activities, etc	(see instructi	ons)			12	
13	First five years. If the Form 990 is for the		s first, second,	, third, fourth, c	or fifth tax year	r as a section	501(c)(3)
	organization, check this box and stop he						<u> </u>
	on C. Computation of Public Suppo	rt Percentag	e				
14				11, column (f))		14	100.00%
15	Public support percentage from 2017 Sch			40		15	100.00%
16a	33 1/3 % support test-2018. If the organ				d line 14 is 33	1/3 % or more.	
	box and stop here. The organization qua	•	• • •	-			
b	33 1/3 % support test-2017. If the organ					is 33 1/3 % or	. —
4-	check this box and stop here. The organ	•				401	- 44 :
17a	10%-facts-and-circumstances test–201	_					
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa	acts-and-circul	nstances test	The organiza	uon quanties a	is a publicly St	
	organization .	I	4!1-1	4 ab a al 5 -	40 40	40h - 47	▶
b	10%-facts-and-circumstances test-201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the Tacks	-and-cheumst	ances lest. If	ie organization	quaiilles as a	·
18	supported organization Private foundation. If the organization d	id not chack a	hov on line 12	160 16h 17	or 17h ohoo	Sk this hav and	▶ ∐
10	instructions	iu noi check a	DOX OII IIIIE 13	, ισα, ισυ, 17	a, or 170, cited	w mis nox quo	▶ □
							F ()

Schedu	ie A (Form 990 of 990-EZ) 2018 The Thrit					<u> 20</u> -15	78635 Page 3
Part	Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization faile	d to qualify	under Part II
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part I	II.)	
Secti	on A. Public Support	_					
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 .			ļ	/		
5	The value of services or facilities	<u>-</u>					
	furnished by a governmental unit to the		İ				ĺ
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons	1					
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	<u> </u>					<u> </u>
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)		/		์ ส_		<u> </u>
<u>Secti</u>	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		!				
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	•					
	acquired after June 30, 1975						ļ
C	Add lines 10a and 10b						
11	Net income from unrelated business	İ					
	activities not included in line 10b, whether						
	or not the business is regularly carried on	l	ļ				<u> </u>
12	Other income. Do not include gain or		:				
	loss from the sale of capital assets						
40	(Explain in Part VI)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,		ľ !		Ì		
4.4	and 12.)		- 6	Alexand Carringle	<i>Ef</i> th 4		504(2)(2)
14	First five years. If the Form 990 is for the	-	s tirst, second	, tnira, tourtn,	or titth tax year	r as a section	501(c)(3)
Conti	organization, check this box and stop her						
	on C. Computation of Public Suppo				duman (f))	48	
15 46	Public support percentage for 2018 (li				numn (T))	15	<u>%</u>
16 Sopti	Public support percentage from 2017			10 .		16	<u> </u>
<u>Secti</u> 17	on D. Computation of Investment In Investment income percentage for 2018	(line 10c, col	mn (f) dwider	hy line 13	olumn (ft)	17	%
18	Investment income percentage for 2018 Investment income percentage from 201				7.411111 (1 <i>))</i>	18	%
19a	33 1/3 % support test–2018. If the organ				and line 15 ic -		
ızd	/line 17 is not more than 331/3 %, check this						
./	Jime 17 is not more than 33 1/3 %, check this 33 1/3 % support test–2017. If the organi	•	_	•	•		-
/"	line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization di						
	i irrate ivalidativii. Il tile vigalitativii u	is not oncor a	POY OU UILE 14	,,,	THE POR THE POR	JOG 111311	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

ecti	on A. All Supporting Organizations		Yes	No
4	Are all of the argenization's supported argenizations listed by name in the argenization's governing		162	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	ŀ		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		·····
2	Did the organization have any supported organization that does not have an IRS determination of status	 -		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	l		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	'		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	- <u>-</u> -		
b		Ja		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	١٠-٦		~
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		ł	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<u>9</u> a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section	90		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		-	
J	determine whether the organization had excess business holdings)	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting o	rgar	nzations must complete S	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	-	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		'
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	ľ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		•
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y in	tegrated Type III support	ng organization (see

Soct	ion D - Distributions	o, capporting organ		Current Year
1	Amounts paid to supported organizations to accomplish	evernt nurnoses		Current rear
 -	Amounts paid to perform activity that directly furthers exi			
	organizations, in excess of income from activity			
3	The state of the s	nizations		
4				
5				
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6			·· ··
2 	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
<u>e</u> _	From 2017			
<u>f</u> _	Total of lines 3a through e			· · · · · · · · · · · · · · · · · · ·
g				6
<u> </u>	Applied to 2018 distributable amount			······································
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			,
4	Distributions for 2018 from Section D, line 7. \$			
a	Applied to underdistributions of prior years	•		
b	Applied to 2018 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		ì.	
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015	,	<u> </u>	
С	Excess from 2016		el	
d	Excess from 2017	n	ι	
	Excess from 2018			

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

The Thrift Alliance 20-1578635 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's ☐ Yes ☐ No property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Tax Year of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(other) depreciation (investment) Land 1a

Buildings 37,301 5,683. 42,984. Leasehold improvements 241,157 216,604 24,553. Equipment 69,855. 68,819 ,036. Other 31 272.

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

Schedule D (Form 990) 2018

Schedule D	(Form 990) 2018 The Thrift Alliance	20	Page		
Part VII	Investments — Other Securities.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 9	90, Part X, line	e 12
	(a) Description of security or category (including name of security)	(b) Book value	l ' '	od of valuation -of-year market value	
(1) Financia	l derivatives		"		
(2) Closely-I	held equity interests		<u> </u>		
(3) Other					
<u>(A)</u>					_
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)	-	-			
(G)					
<u>(H)</u>					
	mn (b) must equal Form 990, Part X, col (B) line 12) ▶	<u></u>			
Part VIII	•	000 Dad IV II.a.	. 44- C F 0	00 D-4 V line	- 40
	Complete if the organization answered "Yes" on For	· 1	1		<u> 13</u>
	(a) Description of investment	(b) Book value	1	od of valuation -of-year market value	
(4)			0000000000	- Jean Market Tarae	
(1)		·			
(2)					
(3)					
(4)		 			
(<u>5)</u> (<u>6</u>)		 		 -	
(7)		 		·	
(8)		 			
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 13.) ▶				<u> </u>
Part IX	Other Assets.	_ 	<u> </u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 9	90, Part X, line	e 15.
	(a) Description			(b) Book valu	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		.,			
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col_(B) line 15)				
Part X					
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line	11e or 11f See F	orm 990, Part	Χ,
1	(a) Description of liability (b) Book value				
(1) Federa	al income taxes	•			
		225			

	IIIIC Z.	<i>)</i> .			_			 	
<u>1</u> _	(a) Description of liability) Description of liability (b) Book value			_			
(1) F	Federal income t	axes							5)
(2)	Other cu	rrent	liabiliti	es	6,	225.			
(3)									
(4)					_				
(5)									
(6)									
(7)		•							
(8)									
(9)									
Total.	(Column (b) mu:	st equal For	m 990, Part X, col (B) line 25) ▶	6,	225.I		 	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's Schedule D (Form 990) 2018 liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2018 The Thrift Alliance		20-1578635 Page
	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	. 2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2ө
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	. 4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Part	XII Reconciliation of Expenses per Audited Financial		ses per Return.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities .		
b	Prior year adjustments	2b	
C.	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
θ	Add lines 2a through 2d		2е
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ļ <u></u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		. <u>4c</u>
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line	18)	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F		ine 4, Part X, line 2,
Part XI	I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information	
D10	, Ln 2		
	Organization follows FASB ASC 740-10	Accounting for	
	, In 2	, Accounting for	
	ome Taxes. There was no effect on the	e financial posi	tions or
	, Ln 2	z z z z z z z z z z z z z z z z z z z	
	ulative adjustment to begining net as:	sets as a result	of the
	, Ln 2		,
	lementation. Management has evaluated	d its tax positi	ons and believes
	, Ln 2		
	t the total amount of unrecognized tax	k benefits is no	t material to the
	, Ln 2		
	ancial statements as a whole. Therefo	ore no tax liabi	litiv has been
	, Ln 2	<u> </u>	
	orded.		
	- Company of the comp		
	_		

Schedule D	(Form 990) 2018 The Thrift Alliance		20-1578635	Page 5
Part XIII	(Form 990) 2018 The Thrift Alliance Supplemental Information (continued)			
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Schedule D (Form 990) 2018

UYA

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open To Public Inspection

Name	of the	e organ	uzation

(10)

Employer Identification number

The	e Th <u>rif</u> t Alli	ance						20.	-157	863	5			
	art Excess Bene	fit Transaction	s (section 501(c)(3), s	sectio	n 501(c)(4), ar	nd 501(c)(29) orga	anızati	ions o	nly)			
	Complete if the	ne organization a	answered "Yes" o	on Fo	rm 99	0, Part IV, line	25a or 25	b, or F	orm 9	90-EZ	., Par	t V, li	ne 40	b
1	(a) Name of disqualified	1 22222	(b) Relationship bet	ween d	isqualifi	ied person and	(-)	Descript					(d) Con	rected?
	(a) Name of disquamed	person	organization			1	(0)	Descript	יון וט ווט	Tarisaction			Yes	No
(1)														
(2)														
(3)														
(4)													}	
(5)														
(6)														
2	Enter the amount of	f tax incurred by	the organization	n mar	nagers	s or disqualifie	d persons	during	the ye	ear				
	under section 4958					•				>	\$			
3	Enter the amount o	f tax, if any, on	line 2, above, rei	mbur	sed b	y the organiza	tion				\$			
P		l/or From Intere												
	-	-	answered "Yes" o				line 38a oi	Form 9	990, P	art IV	', lıne	26, o	r if the	е
	organization r	eported an amo	unt on Form 990), Par	t X, lir	ne 5, 6, or 22.		_						
(a)	Name of interested person	(b) Relationship	(c) Purpose of	(d) Loan to or (e) Original		''		(g) In c	(g) In default?		(h) Approved		ritten	
		with organization	1		n the	principal amoun	it					ard or	agree	ment?
				organi	zation?				<u></u>		Comin	nittee?		
			<u> </u>	То	From				Yes	No	Yes	No	Yes	No
(1)	···		.,_						ļ					
(2)									<u> </u>					
(3)				<u> </u>	ļ				 					
(4)					<u> </u>				<u> </u>	<u> </u>			<u> </u>	
(5)		<u> </u>			ļ				—			ļ		
(6)		ļ			<u> </u>									
(7)				ļ	<u> </u>				ļ		1			
(8)	······································		· 	<u> </u>	<u> </u>				↓					
(9)				<u> </u>	<u> </u>				<u> </u>				<u> </u>	
<u>(10)</u>		L	<u> </u>	<u> </u>	<u> </u>	l								
Tota						▶\$			هجار				<u></u>	
Ρŧ	Grants or As	sistance Benef	iting Interested	Pers	ons.	0	. 27							
										· .				
	(a) Name of interested perso		ship between intereste nd the organization	ed (c) Amo	unt of assistance	(d) Type	of assista	ance	(e)	Purpo	ose of a	issistan	ice
(1)	·					·								
(1) (2) (3) (4) (5)	·													
(3)														
(4)			· · · · · · · · · · · · · · · · · · ·											
(5)							<u> </u>							
(6)														
(7)														
(8)														
(9)														

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1)Richard Gygi	Exec. Director	<u>27,857.</u>			X
(2) Thrift Management, LLC	Exec. Director	5,926.	Mgmt. services		X
(3)	related company				L
(4)					
(5)					ļ
(6)					
(7)					
(8)					<u> </u>
(9)				<u>.</u>	
(2) Thrift Management, LLC (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information for					
Part V Supplemental Information. Provide additional information for	or responses to questions on S	chedule L (see in	structions)		
				·	
				·· ·	
	····				
					
	· · · · · · · · · · · · · · · · · · ·	-			
<u> </u>					
	. '				
					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 990 or 990-EZ.

Go to www.irs gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Employer Identification number Name of the organization The Thrift Alliance 20-1578635 Part VI Line 7a The Board of Directors, by majority vote, approves new members of Part VI Line 7a the governing body. Part VI Line 11b The Form 990 is reviewed by the members of the Board of Directors Part VI Line 11b prior to filing. Part VI Line 19 Existing documents are available upon request. Part XII Line 2c The Board of Directors acts as a committee of the whole with respect Part XII Line 2c to the auditing process for the organization.

Name of the organization	Employer identification number		
The Thrift Alliance	20-1578635		
Part VI Line 11b	ZU-13/6033		
	Directors .		
The Form 990 is reviewed by the members of the Board of Part VI Line 11b	2220002		
prior to filing.			
prior to filing. Part VI Line 19			
Available documents are available on request.			
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