

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
◆ Do not enter social security numbers on this form as it may be made public.  
◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning , and ending

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

**C** Name of organization

**COMMUNITY THREAD**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**2300 WEST ORLEANS STREET**

Room/suite

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

**STILLWATER**

**MN 55082**

**D** Employer identification number

**41-0967271**

**E** Telephone number

**651-439-7434**

**G** Gross receipts\$

**611,282**

**F** Name and address of principal officer:

**AARON DREVLOW**

**2300 ORLEANS AVENUE WEST**

**STILLWATER**

**MN 55082**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) ( )

◆ (insert no.)

☐ 4947(a)(1) or

☐ 527

**J** Website: ◆

**www.communitythreadmn.org**

**H(c)** Group exemption number ◆

**K** Form of organization:

☒ Corporation

☐ Trust

☐ Association

☐ Other ◆

**L** Year of formation: **1972**

**M** State of legal domicile: **MN**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	COMMUNITY THREAD IS A MINNESOTA NONPROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROMOTING AND SUPPORTING VOLUNTEERISM BY SERVING ORGANIZATIONS AND INDIVIDUALS, MEETING COMMUNITY NEEDS THROUGH VOLUNTEER RESOURCES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 38			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	519,848	552,579
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,219	16,430
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97	240
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,658	42,033
			576,822	611,282
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,156	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	381,171	405,201
	b	Total fundraising expenses (Part IX, column (D), line 25) ◆		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	92,797	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	214,596	223,372
	19	Revenue less expenses. Subtract line 18 from line 12	598,923	628,573
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	-22,101	-17,291
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
			686,209	672,679
		16,143	19,904	
		670,066	652,775	

**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

**AARON DREVLOW**

Type or print name and title

**PRESIDENT**

Date

**Paid**

**Preparer Use Only**

Print/Type preparer's name

**LEO C NEUMAN**

Preparer's signature

Date

**04/18/19**

Check ☐ if self-employed PTIN

**P00161785**

Firm's name " **LEO C. NEUMAN, LTD.**

Firm's EIN " **41-1681404**

P.O. BOX 898

Firm's address " **STILLWATER, MN 55082-0898**

Phone no. **651-439-5990**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

## **Acknowledgement and General Information for Taxpayers Who File Returns Electronically**

Thank you for taking part in the IRS e-file Program.

COMMUNITY THREAD  
2300 WEST ORLEANS STREET  
STILLWATER, MN 55082

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2018 is being filed electronically with the IRS by the services of LEO C. NEUMAN, LTD..
- [X] Your extension was accepted by the IRS on 04/17/19 and the Submission Identification Number assigned to your return is 41403520191070339771.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

**COMMUNITY THREAD IS A MINNESOTA NONPROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROMOTING AND SUPPORTING VOLUNTEERISM BY SERVING ORGANIZATIONS AND INDIVIDUALS, MEETING COMMUNITY NEEDS THROUGH VOLUNTEER RESOURCES.**

**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 ☒ 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 ☒ 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **221,017** including grants of \$ ) (Revenue \$ **111,931** )

**THE SENIOR CENTERS SERVE AS A HUB OF SENIOR ACTIVITY IN THE ST. CROIX VALLEY AREA. THEY PROVIDE A FOCAL POINT FOR HIGH QUALITY PROGRAMS AND ACTIVITIES WHICH ENHANCE THE WELL BEING OF OLDER ADULTS. THE CENTERS SUPPORT SERVICES ENABLE SENIORS TO REMAIN INDEPENDENT IN THEIR OWN HOMES, AS WELL AS PROVIDING A PLACE FOR SOCIALIZATION, EDUCATION, INFORMATION AND REFERRAL, DIRECT SENIOR SERVICES, AND SENIOR ADVOCACY.**

**4b** (Code: ) (Expenses \$ **73,342** including grants of \$ ) (Revenue \$ **15,000** )

**THE TRANSPORTATION PROGRAM ENGAGES VOLUNTEER DRIVERS WHO TAKE PEOPLE TO AND FROM NEEDED MEDICAL OR OTHER WELLNESS APPOINTMENTS. THIS SERVICE IS FREE TO ALL ELIGIBLE RESIDENTS OF WASHINGTON COUNTY. THE TRANSPORTATION PROGRAM ALSO PROVIDES REFERRALS AND CONNECTIONS TO ALTERNATIVE TRANSPORTATION RESOURCES FOR THOSE WHO HAVE OTHER TRANSPORTATION NEEDS.**

**4c** (Code: ) (Expenses \$ **29,864** including grants of \$ ) (Revenue \$ **21,500** )

**THE HOLIDAY HOPE PROGRAM PROVIDES AN OPPORTUNITY IN WHICH THE COMMUNITY CAN REACH OUT TO FAMILIES AND INDIVIDUALS DURING THE HOLIDAYS. VOLUNTEERS PURCHASE AND DELIVER FOOD AND GIFTS.**

**4d** Other program services (Describe in Schedule O.)(Expenses \$ **117,454** including grants of \$ ) (Revenue \$ **11,799** )**4e** Total program service expenses ♦ **441,677**

**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	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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		<b>X</b>
15 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		<b>X</b>
16 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		<b>X</b>
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)		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		<b>X</b>

**Part 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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	2a	16
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: ♦ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> <b>14</b>		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> <b>14</b>		
<b>2</b> 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?	<b>2</b>		<b>X</b>
<b>3</b> 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?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> 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	<b>9</b>		<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **◆ MN**

**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 ☐ Another's website ☒ 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 **◆**

**SALLY B. ANDERSON**  
**HOULTON**

**1373 FOX RIDGE TRAIL**

**WI 54082**

**651-439-7434**

**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 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) RACHEAL KOZLOWSKI	1.00									
DIRECTOR	0.00	X						0	0	0
(2) FRED ANDERSON	2.00									
TREASURER	0.00	X		X				0	0	0
(3) STEVE BRADY	1.00									
DIRECTOR	0.00	X						0	0	0
(4) LYNN VERNON	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) AARON DREVLLOW	2.00									
PRESIDENT	0.00	X		X				0	0	0
(6) RUTH HJELMGREN	1.00									
DIRECTOR	0.00	X						0	0	0
(7) TERRY MISTALSKI	1.00									
DIRECTOR	0.00	X						0	0	0
(8) RENAE POMINVILLE	1.00									
DIRECTOR	0.00	X						0	0	0
(9) GINA ZEULI	2.00									
PAST PRESIDENT	0.00	X		X				0	0	0
(10) SHARON KING	1.00									
DIRECTOR	0.00	X						0	0	0
(11) CHRIS DRESSEL	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0



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

(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			
(12) LINDA SHURDEN	1.00									
DIRECTOR	0.00	X						0	0	0
(13) SARAH STIVLAND	1.00									
DIRECTOR	0.00	X						0	0	0
(14) JULIE SWEDBACK	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 ♦ **0**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**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? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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 of compensation from the organization ♦

0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a 42,133				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 33,231				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 477,215				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	◆	552,579			
<b>Program Service Revenue</b>	2a MISCELLANEOUS SENIOR REIMBURS	Busn. Code	12,125	12,125		
	b TRANSPORTATION		1,819	1,819		
	c VOLUNTEER CENTER		1,734	1,734		
	d CHORE SERVICES		752	752		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	◆	16,430			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	◆	240		
4 Income from investment of tax-exempt bond proceeds		◆				
5 Royalties		◆				
6a Gross rents		(i) Real 3,173 (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)		3,173				
d Net rental income or (loss)		◆	3,173			3,173
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		◆				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 36,099				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events		◆	36,099			36,099
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	◆					
10a Gross sales of inventory, less returns and allowances	a 2,761					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	◆	2,761			2,761	
<b>Miscellaneous Revenue</b>	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	◆				
	12 Total revenue. See instructions.	◆	611,282	16,430	0	42,273

**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 ☐**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	70,473	49,331	7,047	14,095
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	298,249	210,178	29,565	58,506
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	9,054	6,372	899	1,783
<b>10</b> Payroll taxes	27,425	19,302	2,723	5,400
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,355	4,500	2,855	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,592	4,592		
<b>12</b> Advertising and promotion	12,618	445	11,665	508
<b>13</b> Office expenses	50,337	26,456	13,133	10,748
<b>14</b> Information technology	11,042	6,179	4,806	57
<b>15</b> Royalties				
<b>16</b> Occupancy	75,466	67,461	8,005	
<b>17</b> Travel	958	958		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,780	439	2,801	1,540
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	29,552	27,509	2,043	
<b>23</b> Insurance	10,566	2,304	8,102	160
<b>24</b> 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.)				
<b>a</b> <b>VOLUNTEER EXPENSES</b>	16,106	15,651	455	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	628,573	441,677	94,099	92,797
<b>26</b> 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 or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	126,998	1	115,295
	2 Savings and temporary cash investments	19,119	2	28,126
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	971	4	1,090
	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	4,289	9	4,371
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 980,464		
	b Less: accumulated depreciation	10b 456,667	10c 534,832	523,797
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	686,209	16	672,679	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	16,143	17	19,904
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	16,143	26	19,904
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	663,720	27	631,999
	28 Temporarily restricted net assets	6,346	28	20,776
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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		32	
	33 <b>Total net assets or fund balances</b>	670,066	33	652,775
34 <b>Total liabilities and net assets/fund balances</b>	686,209	34	672,679	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>611,282</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>628,573</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-17,291</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>670,066</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>652,775</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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?		<b>X</b>
<b>b</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.		

**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.

◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**COMMUNITY THREAD**

Employer identification number

**41-0967271**

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 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 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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
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 VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	529,627	526,152	714,542	519,848	552,579	2,842,748
<b>2</b> 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	10,025	9,936	8,579	17,219	16,430	62,189
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	32,074	32,086	39,300	39,658	2,761	145,879
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5	571,726	568,174	762,421	576,725	571,770	3,050,816
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						3,050,816

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	571,726	568,174	762,421	576,725	571,770	3,050,816
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43	45	95	97	240	520
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	43	45	95	97	240	520
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,509	4,244			38,272	45,025
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	574,278	572,463	762,516	576,822	610,282	3,096,361
<b>14</b> 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	98.53 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	99.59 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** 33 1/3% support tests—2018. 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—2017. 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 ☐



**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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(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 instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j 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			
c 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.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

◆ Complete if the organization answered "Yes" on 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

**COMMUNITY THREAD**

**41-0967271**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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 .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆ .....

4 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, 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 ◆ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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 .....

2 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:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land		75,000		75,000
b Buildings		277,961	77,018	200,943
c Leasehold improvements		627,503	379,649	247,854
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				523,797

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ♦		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ♦	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ♦		

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 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.

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	611,282
2		Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	2a	Net unrealized gains (losses) on investments		
b	2b	Donated services and use of facilities		
c	2c	Recoveries of prior year grants		
d	2d	Other (Describe in Part XIII.)		
e		Add lines 2a through 2d	2e	
3		Subtract line 2e from line 1	3	611,282
4		Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	4b	Other (Describe in Part XIII.)		
c		Add lines 4a and 4b	4c	
5		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	611,282

## Part XI

### Reconciliation of Expenses per Audited Financial Statements With Expenses 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	628,573	
2		Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e		Add lines 2a through 2d	2e		
3		Subtract line 2e from line 1	3	628,573	
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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	4c			
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	628,573	

## Part XI

### Supplemental Information.

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.

## Part XIII Supplemental Information (continued)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**COMMUNITY THREAD**

Employer identification number

**41-0967271**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>BLACK TIE BINGO</b> (event type)	<b>JEWELRY FUND RA</b> (event type)	<b>None</b> (total number)	
Revenue	1 Gross receipts	25,232	10,867		36,099
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25,232	10,867		36,099
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				36,099	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ♦ .....

Address ♦ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ♦ \$ ..... and the amount of gaming revenue retained by the third party ♦ \$ .....
- c If "Yes," enter name and address of the third party:

Name ♦ .....

Address ♦ .....

16 Gaming manager information:

Name ♦ .....

Gaming manager compensation ♦ \$ .....

Description of services provided ♦ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ◆ Attach to Form 990 or 990-EZ.
- ◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

Form 990, Part I, Line 6

DRIVERS FOR TRANSPORTATION PROGRAM.

TAX PREPARERS FOR TAX PROGRAM.

VARIOUS VOLUNTEERS FOR SENIOR ACTIVITIES, AND VOLUNTEER CENTER AND CHORE  
SERVICES.

Form 990, Part III, Line 4d - All Other Accomplishments

THE VOLUNTEER CENTER SERVES INDIVIDUALS AND ORGANIZATIONS

THROUGH FOUR PRIMARY FUNCTIONS: CONNECTING PEOPLE TO

OPPORTUNITIES TO SERVE THROUGH A SEARCHABLE DATABASE OF

VOLUNTEER OPPORTUNITIES, BUILDING CAPACITY FOR LOCAL

VOLUNTEERING BY PROVIDING TRAINING AND SUPPORT IN

VOLUNTEER MANAGEMENT TO LOCAL NONPROFIT ORGANIZATIONS;

PROMOTING VOLUNTEERISM IN THE COMMUNITY; AND PROVIDING

SPECIAL COMMUNITY WIDE SERVICE INITIATIVES.

THE MEDICAL RESERVE CORPS IS A POOL OF MEDICAL

PROFESSIONALS AND OTHER SUPPORT VOLUNTEERS WHO WILL BE

CALLED UPON BY COUNTY AND STATE OFFICIALS TO PROVIDE

EMERGENCY STAFFING AND SUPPORT SERVICES TO RESPOND TO

PUBLIC HEALTH EMERGENCIES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

THE ORGANIZATION'S DIRECTORS, OFFICERS AND STAFF HAVE AN EXPLICIT  
OBLIGATION TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST.

THE BOARD OF DIRECTORS SHALL NOT ENTER INTO ANY CONTRACT OR TRANSACTION  
WITH (A) ONE OR MORE OF ITS DIRECTORS, (B) A DIRECTOR OF A RELATED  
ORGANIZATION, OR (C) AN ORGANIZATION IN OR OF WHICH A DIRECTOR OF THE  
ORGANIZATION IS ALSO A DIRECTOR, OFFICER OR LEGAL REPRESENTATIVE OF THE  
OTHER ORGANIZATION UNLESS:

THE INTEREST IS DISCLOSED OR KNOWN TO THE CVS BOARD OF DIRECTORS.

THE CVS BOARD APPROVES, AUTHORIZES, OR RATIFIES THE ACTION IN GOOD FAITH.

THE ACTION IS APPROVED BY A MAJORITY OF DIRECTORS (EXCLUSIVE OF THE  
INTERESTED DIRECTOR), AT A MEETING WHERE A QUORUM IS PRESENT (EXCLUSIVE OF  
THE INTERESTED DIRECTOR).

THE INTERESTED DIRECTOR MAY BE PRESENT FOR DISCUSSION OF THE MATTER, BUT  
MUST LEAVE THE ROOM WHILE THE VOTE IS TAKEN.

MINUTES OF BOARD OF DIRECTORS MEETINGS SHALL CLEARLY REFLECT THAT THESE  
REQUIREMENTS HAVE BEEN MET.

THIS POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
YES BY PERSONNEL COMMITTEE.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
YES BY PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
COPIES ARE AVAILABLE UPON REQUEST AT ORGANIZATION'S OFFICE.

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2018**Department of the Treasury  
Internal Revenue Service (99)

◆ Attach to your tax return.

◆ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.Attachment  
Sequence No. **179**

Name(s) shown on return

**COMMUNITY THREAD**Identifying number  
**41-0967271**

Business or activity to which this form relates

**Indirect Depreciation****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	1,000,000
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	2,500,000
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 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	29,552

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2018 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
19a 3-year property						
b 5-year property						
c 7-year property						
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	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
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	29,552
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2018)  
There are no amounts for Page **2**



# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	APPLE COMPUTER	7/01/85	3,100				3,100	5	MO S/L	3,100	0
2	TV SET SENIOR CENTER	7/01/85	200				200	5	MO S/L	200	0
3	COMPUTER TABLE	7/01/86	79				79	5	MO S/L	79	0
4	TABLE AND TEN CHAIRS	7/01/86	196				196	5	MO S/L	196	0
5	COMPUTER EXPANSION	7/01/87	229				229	5	MO S/L	229	0
6	VCR SENIOR CENTER	7/01/87	278				278	5	MO S/L	278	0
7	MICROWAVE OVEN	7/01/87	264				264	5	MO S/L	264	0
8	AIR CONDITIONER	7/01/87	433				433	5	MO S/L	433	0
9	2 CHAIRS SENIOR CENTER	7/01/87	635				635	5	MO S/L	635	0
10	WINDOW UNIT SR CTR	7/01/88	95				95	5	MO S/L	95	0
11	CHAIRS	7/01/88	125				125	5	MO S/L	125	0
12	COMPUTER HARD DISK	7/01/88	1,446				1,446	5	MO S/L	1,446	0
13	FURNITURE	7/01/88	100				100	5	MO S/L	100	0
14	REFRIGERATOR	7/01/89	95				95	5	MO S/L	95	0
15	APPLEWORK 3.0 UPGRADE	7/01/89	82				82	5	MO S/L	82	0
16	CAMERA	7/01/89	75				75	5	MO S/L	75	0
17	3 TELEPHONES	7/01/90	570				570	5	MO S/L	570	0
18	2 STORAGE CABINETS	7/01/90	240				240	5	MO S/L	240	0
19	ANSWERING MACHINE	7/01/91	180				180	5	MO S/L	180	0
20	FOLDING CHAIRS	7/01/92	2,622				2,622	5	MO S/L	2,622	0
21	KITCHEN EQUIPMENT	7/01/92	19,627				19,627	5	MO S/L	19,627	0
22	COMPUTER	7/01/93	3,554				3,554	5	MO S/L	3,554	0
23	TELEPHONE SYSTEM	2/01/94	3,710				3,710	5	MO S/L	3,710	0
24	COMPUTER	7/01/95	1,057				1,057	5	MO S/L	1,057	0
25	COMPUTER	7/01/95	1,100				1,100	5	MO S/L	1,100	0
26	SIGN	7/01/96	1,950				1,950	5	MO S/L	1,950	0
27	FRONT DESK	6/05/97	906				906	5	MO S/L	906	0
28	TABLE/CHAIRS	4/12/97	1,267				1,267	5	MO S/L	1,267	0
29	OFFICE FURNITURE	3/26/97	629				629	5	MO S/L	629	0
30	MOBILE TABLE	4/04/97	479				479	5	MO S/L	479	0
31	FURNITURE	1/28/97	378				378	5	MO S/L	378	0
32	COMPUTER	3/27/98	1,599				1,599	5	MO S/L	1,599	0
33	COMPUTER	6/05/98	2,224				2,224	5	MO S/L	2,224	0
34	LAPTOP COMPUTER	2/23/99	1,780				1,780	5	MO S/L	1,780	0
35	COMPUTER	6/25/99	1,176				1,176	5	MO S/L	1,176	0
36	PRINTER	6/25/99	247				247	5	MO S/L	247	0
37	DESKTOP COMPUTER	11/10/00	750				750	5	MO S/L	750	0
38	COMPUTER MONITOR	11/10/00	200				200	5	MO S/L	200	0
39	HP PRINTER PSC500	11/10/00	300				300	5	MO S/L	300	0
40	MODULAR OFFICE FURNITURE	2/18/01	6,100				6,100	5	MO S/L	6,100	0
41	DELL COMPUTERS	5/16/01	2,602				2,602	5	MO S/L	2,602	0
42	DELL COMPUTER	10/15/02	1,101				1,101	5	MO S/L	1,101	0
43	REFRIGERATOR	1/29/03	505				505	5	MO S/L	505	0
44	REFRIGERATOR	1/29/03	505				505	5	MO S/L	505	0
45	REFIGERATOR	1/29/03	1,010				1,010	5	MO S/L	1,010	0
46	MULTIMEDIA LCD PROJECTOR	4/17/03	3,500				3,500	5	MO S/L	3,500	0
47	35 SITTING CHAIRS	5/06/03	1,750				1,750	5	MO S/L	1,750	0
48	2 COMPUTERS	5/06/03	300				300	5	MO S/L	300	0
49	6 WORKSTATIONS	5/06/03	2,700				2,700	5	MO S/L	2,700	0
50	5 OFFICE CHAIRS	5/06/03	625				625	5	MO S/L	625	0
51	10 PARTITIONS	5/06/03	500				500	5	MO S/L	500	0
52	EXTERIOR SIGN	3/05/03	673				673	5	MO S/L	673	0
53	FIRE ALARM NET OF REBATE	11/20/03	378				378	5	MO S/L	378	0
54	DELL DIMENSION 460	5/06/04	759				759	5	MO S/L	759	0
55	DELL DIMENSION 460	5/06/04	759				759	5	MO S/L	759	0
56	WATER SOFTENER	7/08/04	978				978	5	MO S/L	978	0
57	DELL INSPIRON 9100	10/07/04	1,366				1,366	5	MO S/L	1,366	0
58	DELL DIMENSION 460	10/07/04	758				758	5	MO S/L	758	0
59	DELL DIMENSION 460	1/07/05	1,036				1,036	5	MO S/L	1,036	0
60	DELL COMPUTER	1/27/05	857				857	5	MO S/L	857	0
61	DELL LAPTOPS (TAX)	1/27/05	2,531				2,531	5	MO S/L	2,531	0
62	NEW TELEPHONE SYSTEM	2/28/05	7,374				7,374	5	MO S/L	7,374	0
63	DELL COMPUTER	6/29/05	1,160				1,160	5	MO S/L	1,160	0
64	TV SET BAYPORT SENIOR CENTER	9/28/05	244				244	5	MO S/L	244	0
65	DIGITAL CAMERA	12/27/05	199				199	5	MO S/L	199	0
66	NEW GARBAGE DISPOSAL	12/27/05	1,630				1,630	5	MO S/L	1,630	0
67	DELL NOTEBOOK	2/21/06	1,021				1,021	5	MO S/L	1,021	0
68	DELL NOTEBOOK	2/21/06	1,021				1,021	5	MO S/L	1,021	0
69	DELL COMPUTER	6/28/06	868				868	5	MO S/L	868	0
70	DELL COMPUTER	6/26/06	868				868	5	MO S/L	868	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
71	DELL LAPTOPS (TAX)	3/07/07	1,935				1,935	5	MO S/L	1,935	0
72	SERVER TOWER/ SOFTWARE	3/28/07	8,898				8,898	5	MO S/L	8,898	0
73	CANON PRINTERS (TAX)	1/24/08	246				246	5	MO S/L	246	0
74	DELL LAPTOPS (TAX)	2/13/08	767				767	5	MO S/L	767	0
75	FAX MACHINE (TAX)	4/23/08	374				374	5	MO S/L	374	0
76	CANON PRINTERS (TAX)	5/28/08	556				556	5	MO S/L	556	0
77	3 LAPTOPS (TAX)	12/28/08	1,754				1,754	5	MO S/L	1,754	0
78	TRAINING TABLES (TAX)	12/31/08	2,510				2,510	5	MO S/L	2,510	0
79	HP DESKTOP (TAX)	10/21/09	857				857	5	MO S/L	857	0
80	2 NOTEBOOKS (TAX)	10/21/09	1,927				1,927	5	MO S/L	1,927	0
81	WII TV BLUERAY	11/10/10	2,079				2,079	5	MO S/L	2,079	0
82	TAX GRANT COMPUTER	10/27/10	1,505				1,505	5	MO S/L	1,505	0
83	SERVER MEMORY UPGRADE	11/24/10	925				925	5	MO S/L	925	0
84	REMODELING	12/01/92	32,622				32,622	30	MO S/L	27,276	1,087
85	BUILDING ADDITION/REMODELING	6/10/97	186,734				186,734	25	MO S/L	153,121	7,470
86	NEW HVAC SYSTEM	12/01/10	15,374				15,374	25	MO S/L	4,612	615
87	BUILDING	12/29/05	277,961				277,961	40	MO S/L	83,967	6,949
88	LAND	12/29/05	75,000				75,000	0	-- Land	0	0
89	LEXMARK PRINTER	10/20/11	309				309	5	MO S/L	309	0
90	SERVER	11/10/11	7,700				7,700	5	MO S/L	7,700	0
91	TAX PROG COMPUTERS	12/28/11	1,285				1,285	5	MO S/L	1,285	0
93	RAIN GARDEN	5/11/11	4,911				4,911	20	MO S/L	1,637	246
94	LIGHTING RETRO FIT	1/01/11	3,212				3,212	5	MO S/L	3,212	0
96	SERVER UPGRADE	2/07/12	3,890				3,890	5	MO S/L	3,890	0
97	ASST DIR COMPUTER	1/29/14	793				793	5	MO S/L	621	159
98	NEW WATER HEATER	4/28/14	2,235				2,235	15	MO S/L	546	149
99	NEW BUILDING SIGN	5/14/14	1,024				1,024	15	MO S/L	250	68
100	KITCHEN EQUIPMENT UPGRADES	10/07/14	6,672				6,672	10	MO S/L	2,169	667
101	PLUMBING UPGRADES	11/20/14	900				900	15	MO S/L	185	60
102	DIRECTOR COMPUTER/MONITOR	11/20/14	1,073				1,073	5	MO S/L	662	214
103	BAYPORT FURN	6/02/15	500				500	10	MO S/L	129	50
104	REFRIGERATOR BAYPORT	7/27/15	478				478	10	MO S/L	116	47
105	NEW TABLES BAYPORT	7/27/15	650				650	10	MO S/L	157	65
106	NEW SIGN BAYPORT	8/11/15	968				968	10	MO S/L	234	97
107	NEW COMPUTER BAYPORT	2/25/15	649				649	10	MO S/L	184	65
108	NEW COMPUTER DEV	5/01/15	911				911	5	MO S/L	486	182
109	CABINETS VC OFFICE	9/16/15	666				666	10	MO S/L	150	67
110	COMPUTER TAX GRANT	11/10/15	597				597	5	MO S/L	259	119
111	PRINTER/MODEM TAX GRANT	12/01/15	492				492	5	MO S/L	205	99
112	ENGINEERING FOR LOT	11/15/16	7,700				7,700	20	MO S/L	449	385
113	NEW PARKING LOT	11/01/16	107,575				107,575	20	MO S/L	6,275	5,379
114	TREE REMOVAL	9/29/16	1,178				1,178	20	MO S/L	74	59
115	LANDSCAPING MULCH	10/31/16	555				555	20	MO S/L	32	28
116	SIGN/MAILBOX/LOCK	11/01/16	539				539	10	MO S/L	63	54
117	NEW RECEPTION DESK	12/29/16	7,058				7,058	10	MO S/L	706	706
118	ELECTRICAL FOR DESK	12/29/16	800				800	10	MO S/L	80	80
119	ENTRY CARPET	12/29/16	2,020				2,020	10	MO S/L	202	202
120	COMPUTER	4/11/16	500				500	5	MO S/L	175	100
121	SCANNERS	8/29/16	330				330	5	MO S/L	88	66
122	WIFI ROUTER	11/09/16	609				609	5	MO S/L	142	122
123	NEW COMPUTER	12/12/16	777				777	5	MO S/L	168	156
124	ELECTRIC/VENT RECEPT	3/23/17	2,353				2,353	20	MO S/L	88	118
125	ARCH FEE BATHROOM	4/05/17	525				525	40	MO S/L	10	13
126	LEAF GUARD	6/13/17	4,577				4,577	40	MO S/L	67	114
127	OUTDOOR PLANTS/SHRUBS	7/19/17	1,663				1,663	20	MO S/L	35	83
128	OUTDOOR WALL	7/19/17	572				572	20	MO S/L	12	28
129	AIR CONDITIONER/COMPRESSOR	8/22/17	2,338				2,338	10	MO S/L	78	234
130	BATHROOM REMODEL	9/13/17	56,384				56,384	40	MO S/L	470	1,409
131	CONCRETE BASE	10/17/17	890				890	40	MO S/L	4	22
132	NEW REFRIGERATOR	10/17/17	2,160				2,160	10	MO S/L	36	216
133	FURNACE UPGRADE	11/21/17	494				494	10	MO S/L	4	50
134	TABLES/CHAIRS	3/23/17	6,800				6,800	10	MO S/L	510	680
135	AIR COMPRESSOR	4/17/18	11,570				11,570	20	MO S/L	0	386
136	48 STACKABLE CHAIRS	2/06/18	2,064				2,064	10	MO S/L	0	189
137	TAX PREP CHAIRS	2/19/18	718				718	10	MO S/L	0	60
138	HARD DRIVE WIRELESS SEC	9/05/18	1,386				1,386	10	MO S/L	0	46
139	3 COMPUTERS/POWER SUPPLY	11/08/18	879				879	5	MO S/L	0	29
140	TAX COMPUTERS/PRINTER	10/30/18	1,900				1,900	5	MO S/L	0	63

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>978,508</u>			<u>978,508</u>		<u>427,118</u>	<u>29,552</u>
	<b>Total ACRS and Other Depreciation</b>		<u>978,508</u>			<u>978,508</u>		<u>427,118</u>	<u>29,552</u>
	<b>Grand Totals</b>		978,508			978,508		427,118	29,552
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>978,508</u>			<u>978,508</u>		<u>427,118</u>	<u>29,552</u>

## Depreciation Adjustment Report

### All Business Activities

AMT  
Adjustments/  
Preferences

### Description

Tax

AMT

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	APPLE COMPUTER	7/01/85	3,100	0	0
2	TV SET SENIOR CENTER	7/01/85	200	0	0
3	COMPUTER TABLE	7/01/86	79	0	0
4	TABLE AND TEN CHAIRS	7/01/86	196	0	0
5	COMPUTER EXPANSION	7/01/87	229	0	0
6	VCR SENIOR CENTER	7/01/87	278	0	0
7	MICROWAVE OVEN	7/01/87	264	0	0
8	AIR CONDITIONER	7/01/87	433	0	0
9	2 CHAIRS SENIOR CENTER	7/01/87	635	0	0
10	WINDOW UNIT SR CTR	7/01/88	95	0	0
11	CHAIRS	7/01/88	125	0	0
12	COMPUTER HARD DISK	7/01/88	1,446	0	0
13	FURNITURE	7/01/88	100	0	0
14	REFRIGERATOR	7/01/89	95	0	0
15	APPLEWORK 3.0 UPGRADE	7/01/89	82	0	0
16	CAMERA	7/01/89	75	0	0
17	3 TELEPHONES	7/01/90	570	0	0
18	2 STORAGE CABINETS	7/01/90	240	0	0
19	ANSWERING MACHINE	7/01/91	180	0	0
20	FOLDING CHAIRS	7/01/92	2,622	0	0
21	KITCHEN EQUIPMENT	7/01/92	19,627	0	0
22	COMPUTER	7/01/93	3,554	0	0
23	TELEPHONE SYSTEM	2/01/94	3,710	0	0
24	COMPUTER	7/01/95	1,057	0	0
25	COMPUTER	7/01/95	1,100	0	0
26	SIGN	7/01/96	1,950	0	0
27	FRONT DESK	6/05/97	906	0	0
28	TABLE/CHAIRS	4/12/97	1,267	0	0
29	OFFICE FURNITURE	3/26/97	629	0	0
30	MOBILE TABLE	4/04/97	479	0	0
31	FURNITURE	1/28/97	378	0	0
32	COMPUTER	3/27/98	1,599	0	0
33	COMPUTER	6/05/98	2,224	0	0
34	LAPTOP COMPUTER	2/23/99	1,780	0	0
35	COMPUTER	6/25/99	1,176	0	0
36	PRINTER	6/25/99	247	0	0
37	DESKTOP COMPUTER	11/10/00	750	0	0
38	COMPUTER MONITOR	11/10/00	200	0	0
39	HP PRINTER PSC500	11/10/00	300	0	0
40	MODULAR OFFICE FURNITURE	2/18/01	6,100	0	0
41	DELL COMPUTERS	5/16/01	2,602	0	0
42	DELL COMPUTER	10/15/02	1,101	0	0
43	REFRIGERATOR	1/29/03	505	0	0
44	REFRIGERATOR	1/29/03	505	0	0
45	REFRIGERATOR	1/29/03	1,010	0	0
46	MULTIMEDIA LCD PROJECTOR	4/17/03	3,500	0	0
47	35 SITTING CHAIRS	5/06/03	1,750	0	0
48	2 COMPUTERS	5/06/03	300	0	0
49	6 WORKSTATIONS	5/06/03	2,700	0	0
50	5 OFFICE CHAIRS	5/06/03	625	0	0
51	10 PARTITIONS	5/06/03	500	0	0
52	EXTERIOR SIGN	3/05/03	673	0	0
53	FIRE ALARM NET OF REBATE	11/20/03	378	0	0
54	DELL DIMENSION 460	5/06/04	759	0	0
55	DELL DIMENSION 460	5/06/04	759	0	0
56	WATER SOFTENER	7/08/04	978	0	0
57	DELL INSPIRON 9100	10/07/04	1,366	0	0
58	DELL DIMENSION 460	10/07/04	758	0	0
59	DELL DIMENSION 460	1/07/05	1,036	0	0
60	DELL COMPUTER	1/27/05	857	0	0
61	DELL LAPTOPS (TAX)	1/27/05	2,531	0	0
62	NEW TELEPHONE SYSTEM	2/28/05	7,374	0	0
63	DELL COMPUTER	6/29/05	1,160	0	0
64	TV SET BAYPORT SENIOR CENTER	9/28/05	244	0	0
65	DIGITAL CAMERA	12/27/05	199	0	0
66	NEW GARBAGE DISPOSAL	12/27/05	1,630	0	0
67	DELL NOTEBOOK	2/21/06	1,021	0	0
68	DELL NOTEBOOK	2/21/06	1,021	0	0

# Future Depreciation Report

## FYE: 12/31/19

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
69	DELL COMPUTER	6/28/06	868	0	0
70	DELL COMPUTER	6/26/06	868	0	0
71	DELL LAPTOPS (TAX)	3/07/07	1,935	0	0
72	SERVER TOWER/ SOFTWARE	3/28/07	8,898	0	0
73	CANON PRINTERS (TAX)	1/24/08	246	0	0
74	DELL LAPTOPS (TAX)	2/13/08	767	0	0
75	FAX MACHINE (TAX)	4/23/08	374	0	0
76	CANON PRINTERS (TAX)	5/28/08	556	0	0
77	3 LAPTOPS (TAX)	12/28/08	1,754	0	0
78	TRAINING TABLES (TAX)	12/31/08	2,510	0	0
79	HP DESKTOP (TAX)	10/21/09	857	0	0
80	2 NOTEBOOKS (TAX)	10/21/09	1,927	0	0
81	WII TV BLUERAY	11/10/10	2,079	0	0
82	TAX GRANT COMPUTER	10/27/10	1,505	0	0
83	SERVER MEMORY UPGRADE	11/24/10	925	0	0
84	REMODELING	12/01/92	32,622	1,087	0
85	BUILDING ADDITION/REMODELING	6/10/97	186,734	7,469	0
86	NEW HVAC SYSTEM	12/01/10	15,374	615	0
87	BUILDING	12/29/05	277,961	6,949	0
88	LAND	12/29/05	75,000	0	0
89	LEXMARK PRINTER	10/20/11	309	0	0
90	SERVER	11/10/11	7,700	0	0
91	TAX PROG COMPUTERS	12/28/11	1,285	0	0
93	RAIN GARDEN	5/11/11	4,911	245	0
94	LIGHTING RETRO FIT	1/01/11	3,212	0	0
96	SERVER UPGRADE	2/07/12	3,890	0	0
97	ASST DIR COMPUTER	1/29/14	793	13	0
98	NEW WATER HEATER	4/28/14	2,235	149	0
99	NEW BUILDING SIGN	5/14/14	1,024	69	0
100	KITCHEN EQUIPMENT UPGRADES	10/07/14	6,672	667	0
101	PLUMBING UPGRADES	11/20/14	900	60	0
102	DIRECTOR COMPUTER/MONITOR	11/20/14	1,073	197	0
103	BAYPORT FURN	6/02/15	500	50	0
104	REFRIGERATOR BAYPORT	7/27/15	478	48	0
105	NEW TABLES BAYPORT	7/27/15	650	65	0
106	NEW SIGN BAYPORT	8/11/15	968	97	0
107	NEW COMPUTER BAYPORT	2/25/15	649	65	0
108	NEW COMPUTER DEV	5/01/15	911	182	0
109	CABINETS VC OFFICE	9/16/15	666	66	0
110	COMPUTER TAX GRANT	11/10/15	597	119	0
111	PRINTER/MODEM TAX GRANT	12/01/15	492	98	0
112	ENGINEERING FOR LOT	11/15/16	7,700	385	0
113	NEW PARKING LOT	11/01/16	107,575	5,379	0
114	TREE REMOVAL	9/29/16	1,178	58	0
115	LANDSCAPING MULCH	10/31/16	555	28	0
116	SIGN/MAILBOX/LOCK	11/01/16	539	54	0
117	NEW RECEPTION DESK	12/29/16	7,058	705	0
118	ELECTRICAL FOR DESK	12/29/16	800	80	0
119	ENTRY CARPET	12/29/16	2,020	202	0
120	COMPUTER	4/11/16	500	100	0
121	SCANNERS	8/29/16	330	66	0
122	WIFI ROUTER	11/09/16	609	121	0
123	NEW COMPUTER	12/12/16	777	155	0
124	ELECTRIC/VENT RECEPT	3/23/17	2,353	118	0
125	ARCH FEE BATHROOM	4/05/17	525	13	0
126	LEAF GUARD	6/13/17	4,577	115	0
127	OUTDOOR PLANTS/SHRUBS	7/19/17	1,663	83	0
128	OUTDOOR WALL	7/19/17	572	29	0
129	AIR CONDITIONER/COMPRESSOR	8/22/17	2,338	234	0
130	BATHROOM REMODEL	9/13/17	56,384	1,410	0
131	CONCRETE BASE	10/17/17	890	22	0
132	NEW REFRIGERATOR	10/17/17	2,160	216	0
133	FURNACE UPGRADE	11/21/17	494	49	0
134	TABLES/CHAIRS	3/23/17	6,800	680	0
135	AIR COMPRESSOR	4/17/18	11,570	578	0
136	48 STACKABLE CHAIRS	2/06/18	2,064	207	0
137	TAX PREP CHAIRS	2/19/18	718	72	0
138	HARD DRIVE WIRELESS SEC	9/05/18	1,386	139	0
139	3 COMPUTERS/POWER SUPPLY	11/08/18	879	176	0
140	TAX COMPUTERS/PRINTER	10/30/18	1,900	380	0

41-0967271

**Future Depreciation Report    FYE: 12/31/19**  
**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>978,508</u>	<u>30,164</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>978,508</u>	<u>30,164</u>	<u>0</u>
	<b>Grand Totals</b>		<u>978,508</u>	<u>30,164</u>	<u>0</u>

Form **990****Event Income and Deduction Worksheet****2018**Description **SALES OF CRAFT ITEMS**

Name

**COMMUNITY THREAD**

Taxpayer Identification Number

**41-0967271**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>2,761</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>2,761</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>2,761</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

Information is indicated for use on Form 990-T schedule:

☐ Schedule E  
☐ Schedule F  
☐ Schedule G  
☐ Schedule I  
☐ Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	



Form **990****Event Income and Deduction Worksheet****2018**Description **BLACK TIE BINGO**

Name

**COMMUNITY THREAD**

Taxpayer Identification Number

**41-0967271**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>25,232</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>25,232</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>25,232</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2018**Description **JEWELRY FUND RAISER**

Name

**COMMUNITY THREAD**

Taxpayer Identification Number

**41-0967271**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>10,867</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>10,867</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>10,867</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form **990/990PF****Rent Income and Deduction Worksheet****2018**Description **MISCELLANEOUS ROOM RENTAL**

Name

**COMMUNITY THREAD**

Taxpayer Identification Number

**41-0967271**

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1. <u>3,173</u>
Expenses (see details on worksheets below):	
2. Fees for services .....	2. _____
3. Depreciation Expense .....	3. _____
4. Direct Expense .....	4. _____
5. Total expenses. Add lines 8 through 12 .....	5. _____
6. Net Income/Loss. Line 7 minus Line 13 .....	6. <u>3,173</u>

**Expense Details - Fees for Services:**

Accounting .....	_____
Legal .....	_____
Commissions .....	_____
Management .....	_____
Other Professional Fees .....	_____
<b>Total Fees for Services</b> .....	_____

**Expense Details - Depreciation Expense:**

On non-investment property .....	_____
On investment property .....	_____
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	_____

**Expense Details - Direct Expense:**

Interest .....	_____
Taxes/licenses .....	_____
Occupancy Expenses .....	_____
Repairs & Maintenance .....	_____
Travel/conferences/meetings .....	_____
Printing & Publication .....	_____
Advertising .....	_____
Insurance .....	_____
Utilities .....	_____
Supplies .....	_____
Other expenses .....	_____
<b>Total Direct Expense</b> .....	_____

Information is being used for the following Form 990-T schedules:

☒ Schedule C  
☐ Schedule E  
☐ Schedule F  
☐ Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 240			14 MN		
Total	<u>\$ 240</u>					

## Federal Statements

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 4,592	\$ 4,592	\$	\$
Total	\$ 4,592	\$ 4,592	\$ 0	\$ 0

# Federal Statements

41-0967271

## Schedule A, Part III, Line 1(e)

Description	Amount
BAYTOWN TOWNSHIP	\$ 800
CITY OF BAYPORT	3,000
CITY OF STILLWATER	16,000
CITY OF OAK PARK HEIGHTS	6,000
ST MARY'S POINT	145,215
OTHER CONTRIBUTORS DONATING < \$5000.	
HUGH J. ANDERSEN FOUNDATION	74,000
Cash Contribution	
MARGARET RIVERS FUND	80,000
Cash Contribution	
ANDERSEN CORPORATE FOUNDATION	31,000
Cash Contribution	
FRED & KATHERINE ANDERSEN FOUNDATION	112,000
Cash Contribution	
LEE AND DOROTHY WHITSON FUND	10,000
Cash Contribution	
MIDWESTONE FOUNDATION	5,000
Cash Contribution	
MINNESOTA DEPARTMENT OF REVENUE	7,431
Cash Contribution	
LAKEVIEW HOSPITAL FOUNDATION	10,000
Cash Contribution	
HARDENBERGH FOUNDATION	10,000
Cash Contribution	
UNITED WAY OF WASHINGTON COUNTY-EAST	42,133
Cash Contribution	
Total	552,579

## Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
MISCELLANEOUS SENIOR REIMBURS	\$ 12,125
TRANSPORTATION	1,819
VOLUNTEER CENTER	1,734
CHORE SERVICES	752
Total	<u>\$ 16,430</u>

Schedule A, Part III, Line 3(e)

Description	Amount
SALES OF CRAFT ITEMS	\$ 2,761
Total	<u>\$ 2,761</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST	\$ 240
Total	<u>\$ 240</u>

Schedule A, Part III, Line 11

Description	Amount
BLACK TIE BINGO	\$ 25,232
JEWELRY FUND RAISER	10,867
MISCELLANEOUS ROOM RENTAL	3,173
Less: Deductions	-1,000
Total	<u>\$ 38,272</u>

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

**SECTION A: Organization Information**

Legal Name of Organization COMMUNITY THREAD

Federal EIN: 41-0967271

Fiscal Year-End: 12/31/2018

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

**Mailing Address:**

SALLY ANDERSON

Contact Person

2300 WEST ORLEANS STREET

Street Address

STILLWATER MN 55082

City, State, and Zip Code

651-439-7434

Phone Number

Sally@communitythreadmn.org

Email Address

**Physical Address:**

Contact Person

2300 WEST ORLEANS STREET

Street Address

STILLWATER MN 55082

City, State, and Zip Code

Phone Number

Email Address

1. Organization's website: www.communitythreadmn.org

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former

☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

COMMUNITY THREAD

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☐ Yes ☒ No

5. Total amount of contributions the organization received from Minnesota donors:

\$ 547,549

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.



## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No  
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation

Street Address	City, State, and Zip Code

10. Is the organization a food shelf? ☐ Yes ☒ No  
 If yes, is the organization required to file an audit? ☒ Yes, audit attached ☐ No  
**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000? ☐ Yes ☒ No  
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)****SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.  
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$ <u>519,348</u> 1
2. Government Grants	\$ <u>33,231</u> 2
3. Program Service Revenue	\$ <u>16,430</u> 3
4. Other Revenue	\$ <u>42,273</u> 4
<b>5. TOTAL INCOME</b>	<b>\$ <u>611,282</u> 5</b>

**EXPENSES**

6. Program Expenses	\$ <u>441,677</u> 6
7. Management & General Expenses	\$ <u>94,099</u> 7
8. Fund-raising Expenses	\$ <u>92,797</u> 8
<b>9. TOTAL EXPENSES</b>	<b>\$ <u>628,573</u> 9</b>
<b>10. EXCESS or DEFICIT</b> (Line 5 minus Line 9)	<b>\$ <u>-17,291</u> 10</b>

**ASSETS**

11. Cash	\$ <u>143,421</u> 11
12. Land, Buildings & Equipment	\$ <u>523,797</u> 12
13. Other Assets	\$ <u>5,461</u> 13
<b>14. TOTAL ASSETS</b>	<b>\$ <u>672,679</u> 14</b>

**LIABILITIES**

15. Accounts Payable	\$ <u>19,904</u> 15
16. Grants Payable	\$ _____ 16
17. Other Liabilities	\$ _____ 17
<b>18. TOTAL LIABILITIES</b>	<b>\$ <u>19,904</u> 18</b>

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

**\$ 652,775**

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(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 U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)****Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and TREASURER (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the 16th day of May, 2019, approving the contents of the document, and do hereby certify that the BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

AARON DREVLLOW

Name (Print)

Signature

PRESIDENT

Title

Date

FRED ANDERSON

Name (Print)

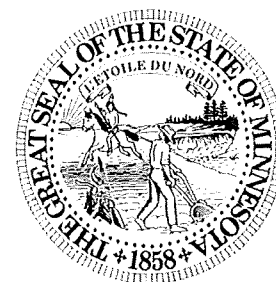
Signature

TREASURER

Title

Date

**Office of the Minnesota Secretary of State**  
**Minnesota Nonprofit Corporation/Annual Renewal**  
*Minnesota Statutes, Section 5.34*



Annual Renewal Year: **2019**

Annual Renewal Filing Date: **4/18/2019**

Nonprofit Corporation Name: **Community Thread**

Original Filing Number: **K-77**

Home Jurisdiction: **Minnesota**

Filing Party Information:

Party Type:	Name:	Address:
<b>President</b>	<b>SALLY B ANDERSON</b>	<b>2300 W. ORLEANS STREET STILLWATER MN 55082</b>
<b>Registered Office Address</b>		<b>2300 Orleans Str W Stillwater MN 55082 7552</b>