

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial 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) Room/suite
2300 WEST ORLEANS STREET
 City or town, state or country, and ZIP + 4
STILLWATER MN 55082

D Employer identification number: **41-0967271**

E Telephone number: **651-439-7434**

F Name and address of principal officer:
VALERIE A. JONES
2300 WEST ORLEANS STREET
STILLWATER MN 55082

G Gross receipts \$: **725,548**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates 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**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1972**

M State of legal domicile: **MN**

H(c) Group exemption number ▶

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)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	1200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		509,785	665,805
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,751	19,646
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120	251
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,598	39,846
			569,254	725,548
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,947	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		355,116	390,011
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		56,389	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,070	171,052
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		535,133	561,063
19 Revenue less expenses. Subtract line 18 from line 12		34,121	164,485	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		588,615	799,963
	22 Net assets or fund balances. Subtract line 21 from line 20		22,793	69,656
		565,822	730,307	

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: *Leo C. Neuman*
 Date: **19 Dec 2012**
 Type or print name and title: **Leo C. Neuman, Board President**

Paid Preparer Use Only
 Print/Type preparer's name: **LEO C. NEUMAN**
 Preparer's signature: *Leo C. Neuman*
 Date: **04/17/12**
 Check if self-employed PTIN: **P00161785**
 Firm's name: **LEO C. NEUMAN, LTD.**
 Firm's EIN: **41-1681404**
 Firm's address: **P.O. BOX 898 STILLWATER, MN 55082-0898**
 Phone no.: **651-439-5990**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **197,107** including grants of \$) (Revenue \$)

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 \$ **51,520** including grants of \$) (Revenue \$)

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 \$ **30,200** including grants of \$) (Revenue \$)

THE HOLIDAY BUREAU 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 \$ **184,740** including grants of \$) (Revenue \$)

4e Total program service expenses ► **463,567**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	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.		
1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

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 (or 1024 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
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **VALERIE JONES** **2300 W. ORLEANS**
STILLWATER **MN 55082** **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 to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) CONNIE FREDKOVE PAST PRESIDENT	2.00	X						0	0	0
(2) JAMES HINIKER TREASURER	2.00	X		X				0	0	0
(3) KARLA ANDERSON PRESIDENT ELECT	2.00	X						0	0	0
(4) WILLIAM ARMSTRONG DIRECTOR	2.00	X						0	0	0
(5) FRED BANISTER DIRECTOR	2.00	X						0	0	0
(6) JENNIFER CATES PETERSON PRESIDENT	2.00	X		X				0	0	0
(7) JOYCE FLYNN DIRECTOR	2.00	X						0	0	0
(8) AL GODFREY DIRECTOR	2.00	X		X				0	0	0
(9) DR. SCOTT EDLIN DIRECTOR	2.00	X						0	0	0
(10) VIOLA RUSSELL DIRECTOR EMERITUS	2.00	X						0	0	0
(11) AMY SKARE SECRETARY	2.00	X		X				0	0	0
(12) KIT RIDGWAY DIRECTOR	2.00	X						0	0	0
(13) CONNIE CARLSON DIRECTOR	2.00	X						0	0	0
(14) KERRI KOLSTAD DIRECTOR	2.00	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	36,048				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	60,886				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	568,871				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		665,805				
	Program Service Revenue	2a	TRANSPORTATION	12,193	12,193		
b		MISCELLANEOUS SENIOR REIMBURS	7,453	7,453			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			19,646				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	251			251
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents	4,800				
	b	Less: rental exps.					
	c	Rental inc. or (loss)	4,800				
	d	Net rental income or (loss)	4,800			4,800	
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		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					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events						
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	35,046				
	b Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		35,046		35,046		
Miscellaneous Revenue							
11	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12	Total revenue. See instructions.		725,548	19,646	0	40,097	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,600	43,120	6,160	12,320
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	280,373	235,318	10,582	34,473
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,290	19,186	1,088	3,016
10 Payroll taxes	24,748	20,386	1,222	3,140
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,100	1,550	1,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,610		1,610	
12 Advertising and promotion	388	319	69	
13 Office expenses	46,131	36,601	7,055	2,475
14 Information technology	10,322	9,351	825	146
15 Royalties				
16 Occupancy	60,224	57,079	2,375	770
17 Travel	990	703	287	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,945	2,559	337	49
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,837	19,724	3,113	
23 Insurance	12,740	8,532	4,208	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER EXPENSES	9,765	9,139	626	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	561,063	463,567	41,107	56,389
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	57,329	1	45,815
	2 Savings and temporary cash investments	81,888	2	144,915
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	991	4	4,161
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,107	9	785
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 894,502		
	b Less: accumulated depreciation	10b 290,215	444,300	10c 604,287
	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 Total assets. Add lines 1 through 15 (must equal line 34)		588,615	16	799,963
Liabilities	17 Accounts payable and accrued expenses	22,793	17	69,656
	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 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 Total liabilities. Add lines 17 through 25		22,793	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	253,287	27	405,986
	28 Temporarily restricted net assets	312,535	28	324,321
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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 Total net assets or fund balances	565,822	33	730,307	
34 Total liabilities and net assets/fund balances	588,615	34	799,963	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	725,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	561,063
3	Revenue less expenses. Subtract line 2 from line 1	3	164,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	565,822
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	730,307

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1. Gifts, grants, contributions, and membership fees received; 2. Tax revenues levied for the organization's benefit; 3. Value of services or facilities furnished by a governmental unit; 4. Total. 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. Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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 IV.); 11. Total support. Add lines 7 through 10; 12. Gross receipts from related activities, etc. (see instructions); 13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15. Public support percentage from 2010 Schedule A, Part II, line 14; 16a. 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b. 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a. 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b. 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	469,312	464,069	440,735	509,785	665,805	2,549,706
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59,723	79,132	31,410	12,751	19,646	202,662
3 Gross receipts from activities that are not an unrelated trade or business under section 513			23,917	43,169	35,046	102,132
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	529,035	543,201	496,062	565,705	720,497	2,854,500
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	54,404	73,675				128,079
c Add lines 7a and 7b	54,404	73,675				128,079
8 Public support (Subtract line 7c from line 6.)						2,726,421

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	529,035	543,201	496,062	565,705	720,497	2,854,500
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,817	2,509	1,279	120	251	6,976
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,817	2,509	1,279	120	251	6,976
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			530	2,429	3,800	6,759
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	531,852	545,710	497,871	568,254	724,548	2,868,235
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	95.06%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93.32%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule of Contributors

2011

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

COMMUNITY THREAD

Employer identification number

41-0967271

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUGH J. ANDERSEN FOUNDATION 342 FIFTH AVENUE BAYPORT MN 55003	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARGARET RIVERS FUND P.O. BOX 197 STILLWATER MN 55082	\$ 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANDERSEN CORPORATE FOUNDATION 342 FIFTH AVENUE #200 BAYPORT MN 55003	\$ 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FRED & KATHERINE ANDERSEN FOUNDATION PO BOX 80 BAYPORT MN 55003	\$ 260,712	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARDAG FOUNDATION 55 EAST 5TH STREET, SUITE 600 ST. PAUL MN 55101	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 6.

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

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

Table with 2 columns: Question, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		75,000		75,000
b Buildings		277,961	42,273	235,688
c Leasehold improvements		353,372	130,373	222,999
d Equipment				
e Other		188,169	117,569	70,600
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				604,287

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-0967271

COMMUNITY THREAD

Form 990, Part I, Line 6

DRIVERS FOR TRANSPORTATION PROGRAM.

TAX PREPARERS FOR TAX PROGRAM.

VARIOUS VOLUNTEERS FOR SENIOR ACTIVITIES, AND PROGRAMS.

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

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 NEIGHBORHOOD SERVICE EXCHANGE IS A VOLUNTARY PROGRAM

WHICH PROMOTES COMMUNITY SERVICE THROUGH NEIGHBOR-TO-

NEIGHBOR RELATIONSHIPS. THE PROGRAM IS BASED ON THE "TIME

DOLLAR" CONCEPT. ONE HOUR OF SERVICE EARNS MEMBERS ONE

"CREDIT" TO BE USED FOR RECEIVING SERVICE. THE EXCHANGE

HAS BEEN SUCCESSFUL IN GAINING MEMBERS FROM AGES 6 TO 85.

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.

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

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

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

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

YES BY PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

COPIES ARE AVAILABLE UPON REQUEST AT ORGANIZATION'S OFFICE.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

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	500,000
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	2,000,000
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 2010 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,837

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	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 2011 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	22,837
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.

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
Other Depreciation:											
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	REFRIGERATOR	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	919	102
68	DELL NOTEBOOK	2/21/06	1,021				1,021	5	MO S/L	919	102
69	DELL COMPUTER	6/28/06	868				868	5	MO S/L	781	87
70	DELL COMPUTER	6/26/06	868				868	5	MO S/L	777	91

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	1,355	387
72	SERVER TOWER/ SOFTWARE	3/28/07	8,898		8,898	5 MO S/L	6,228	1,780
73	CANON PRINTERS (TAX)	1/24/08	246		246	5 MO S/L	123	49
74	DELL LAPTOPS (TAX)	2/13/08	767		767	5 MO S/L	384	153
75	FAX MACHINE (TAX)	4/23/08	374		374	5 MO S/L	187	75
76	CANON PRINTERS (TAX)	5/28/08	556		556	5 MO S/L	278	111
77	3 LAPTOPS (TAX)	12/28/08	1,754		1,754	5 MO S/L	877	351
78	TRAINING TABLES (TAX)	12/31/08	2,510		2,510	5 MO S/L	1,255	502
79	HP DESKTOP (TAX)	10/21/09	857		857	5 MO S/L	257	172
80	2 NOTEBOOKS (TAX)	10/21/09	1,927		1,927	5 MO S/L	578	385
81	WII TV BLUERAY	11/10/10	2,079		2,079	5 MO S/L	208	416
82	TAX GRANT COMPUTER	10/27/10	1,505		1,505	5 MO S/L	151	301
83	SERVER MEMORY UPGRADE	11/24/10	925		925	5 MO S/L	93	185
84	REMODELING	12/01/92	32,622		32,622	30 MO S/L	19,664	1,087
85	BUILDING ADDITION/REMODELING	6/10/97	186,734		186,734	25 MO S/L	100,836	7,469
86	NEW HVAC SYSTEM	12/01/10	15,374		15,374	25 MO S/L	307	615
87	BUILDING	12/29/05	277,961		277,961	40 MO S/L	35,324	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	0	10
90	SERVER	11/10/11	7,700		7,700	5 MO S/L	0	257
91	TAX PROG COMPUTERS	12/28/11	1,285		1,285	5 MO S/L	0	0
92	BAYPORT RENOVATION	11/17/11	118,642		118,642	25 MO S/L	0	395
93	RAIN GARDEN	5/11/11	4,911		4,911	20 MO S/L	0	164
94	LIGHTING RETRO FIT	1/01/11	3,212		3,212	5 MO S/L	0	642
95	FINAL BUILDUP	12/31/11	46,764		46,764	20 MO S/L	0	0
Total Other Depreciation			<u>894,502</u>		<u>894,502</u>		<u>267,378</u>	<u>22,837</u>
Total ACRS and Other Depreciation			<u>894,502</u>		<u>894,502</u>		<u>267,378</u>	<u>22,837</u>
Grand Totals			894,502		894,502		267,378	22,837
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>894,502</u>		<u>894,502</u>		<u>267,378</u>	<u>22,837</u>

41-0967271

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
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

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	193	0
72	SERVER TOWER/ SOFTWARE	3/28/07	8,898	890	0
73	CANON PRINTERS (TAX)	1/24/08	246	49	0
74	DELL LAPTOPS (TAX)	2/13/08	767	153	0
75	FAX MACHINE (TAX)	4/23/08	374	74	0
76	CANON PRINTERS (TAX)	5/28/08	556	111	0
77	3 LAPTOPS (TAX)	12/28/08	1,754	351	0
78	TRAINING TABLES (TAX)	12/31/08	2,510	502	0
79	HP DESKTOP (TAX)	10/21/09	857	171	0
80	2 NOTEBOOKS (TAX)	10/21/09	1,927	386	0
81	WII TV BLUERAY	11/10/10	2,079	415	0
82	TAX GRANT COMPUTER	10/27/10	1,505	301	0
83	SERVER MEMORY UPGRADE	11/24/10	925	185	0
84	REMODELING	12/01/92	32,622	1,088	0
85	BUILDING ADDITION/REMODELING	6/10/97	186,734	7,470	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	62	0
90	SERVER	11/10/11	7,700	1,540	0
91	TAX PROG COMPUTERS	12/28/11	1,285	257	0
92	BAYPORT RENOVATION	11/17/11	118,642	4,746	0
93	RAIN GARDEN	5/11/11	4,911	245	0
94	LIGHTING RETRO FIT	1/01/11	3,212	643	0
95	FINAL BULDUP	12/31/11	46,764	2,338	0
	Total Other Depreciation		<u>894,502</u>	<u>29,734</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>894,502</u>	<u>29,734</u>	<u>0</u>
	Grand Totals		<u>894,502</u>	<u>29,734</u>	<u>0</u>

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Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 251			14 MN		
Total	<u>\$ 251</u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING	\$ 1,610	\$	\$ 1,610	\$
Total	\$ 1,610	\$ 0	\$ 1,610	\$ 0

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Schedule A, Part III, Line 1(e)

Description	Amount
UNITED WAY	\$ 36,048
ST MARY'S POINT	500
BAYTOWN TOWNSHIP	500
CITY OF BAYPORT	1,500
WASHINGTON COUNTY MED. RESERVE CORPS	54,986
OTHER CONTRIBUTORS DONATING < \$5000.	114,159
HUGH J. ANDERSEN FOUNDATION	65,000
Cash Contribution	
MARGARET RIVERS FUND	51,000
Cash Contribution	
ANDERSEN CORPORATE FOUNDATION	31,000
Cash Contribution	
FRED & KATHERINE ANDERSEN FOUNDATION	260,712
Cash Contribution	
STEVENS SQUARE FOUNDATION	10,000
Cash Contribution	
MARDAG FOUNDATION	20,000
Cash Contribution	
CUB CARES COMMUNITY FOUNDATION	3,000
Cash Contribution	
HUBBARD FOUNDATION	1,000
Cash Contribution	
WOODBURY COMMUNITY FOUNDATION	1,000
Cash Contribution	
MINNESOTA DEPARTMENT OF REVENUE	3,400
Cash Contribution	
LAKEVIEW HOSPITAL FOUNDATION	5,000
Cash Contribution	
NACCHO	5,000
Cash Contribution	
WALMART FOUNDATION	2,000
Cash Contribution	
Total	\$ 665,805

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Schedule A, Part III, Line 2(e)

Description	Amount
MISCELLANEOUS SENIOR REIMBURS	\$ 7,453
TRANSPORTATION	12,193
VOLUNTEER CENTER	
Total	<u>\$ 19,646</u>

Schedule A, Part III, Line 3(e)

Description	Amount
SALES OF CRAFT ITEMS	\$ 35,046
Total	<u>\$ 35,046</u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2008	\$ 79,132	\$ 73,675
2007	59,723	54,404
Total	<u>\$ 138,855</u>	<u>\$ 128,079</u>

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

Description	Amount
INTEREST	\$ 251
Total	\$ 251

Schedule A, Part III, Line 11

Description	Amount
MISCELLANEOUS ROOM RENTAL	\$ 4,800
Less: Deductions	-1,000
Total	\$ 3,800