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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047  
**2009**  
 Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **TRUST, INC.**  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address): **9 WEST RUSTIC LODGE AVENUE SOUTH**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **MINNEAPOLIS MN 55419**

**D** Employer identification number: **41-0965940**

**E** Telephone number: **612-827-6159**

**G** Gross receipts \$: **554,226**

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

**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** ) (insert no)  4947(a)(1) or  527

**J** Website: **WWW.TRUSTINC.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1970** **M** State of legal domicile: **MN**

**H(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**SERVICES FOR RESIDENTS IN AREA**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>14</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>350</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>220,487</b>	<b>238,956</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>314,679</b>	<b>313,741</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>855</b>	<b>372</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,662</b>	<b>1,157</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>539,683</b>	<b>554,226</b>

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>240,409</b>	<b>248,178</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24)	<b>11,977</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	<b>329,384</b>	<b>331,230</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>569,793</b>	<b>579,408</b>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>-30,110</b>	<b>-25,182</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>159,246</b>	<b>139,513</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>25,079</b>	<b>30,528</b>
<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>134,167</b>	<b>108,985</b>

**Part II Signature Block**

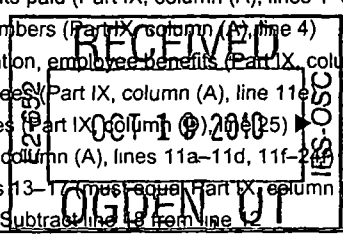
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Nancy Biele* Date: **1/16/12/10**  
 Type or print name and title: **NANCY BIELE EXECUTIVE DIRECTOR**

**Paid Preparer's Use Only**  
 Preparer's signature: *Roger D. Platt* Date: **09/14/10** Check if self-employed:   
 Preparer's identifying number (see instructions): **P00969235**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LA FAYETTE & COMPANY, LTD. 6625 LYNDALE AVE S MINNEAPOLIS, MN 55423-2378**  
 EIN: \_\_\_\_\_ Phone no: **612-861-8366**

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

SCANNED NOV 02 2010 Activities & Governance



**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**SERVICES FOR RESIDENTS IN AREA**

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ **192,476** including grants of \$ ) (Revenue \$ )  
**HOME DELIVERED MEALS - SERVES MEALS TO SENIOR CITIZENS AND DISABLED PERSONS.**

4b (Code. ) (Expenses \$ **90,497** including grants of \$ ) (Revenue \$ )  
**CHORE PROGRAM - SERVES SENIOR CITIZENS AND DISABLED PERSONS WITH YARD WORK, SNOW SHOVELING, HOUSECLEANING, AND MINOR HOME REPAIRS.**

4c (Code. ) (Expenses \$ **34,818** including grants of \$ ) (Revenue \$ )  
**ESTATE SALES - PROVIDES SERVICE TO SENIORS OR ESTATE HOUSEHOLD ADMINISTRATORS WHEN GOODS MUST BE SOLD UPON ENTRY TO A NURSING HOME OR UPON DEATH.**

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

(Expenses \$ **207,452** including grants of \$ ) (Revenue \$ )4e Total program service expenses ► **525,243**

**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?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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</li> <li>• 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.</li> <li>• Did the organization report an amount for other assets related 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.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• 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? If "Yes," complete Schedule D, Part X</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		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		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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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		<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? If "Yes," complete Schedule J		<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<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 Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> 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		<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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<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? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<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? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<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.		
<b>2b</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 this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country. <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does 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	
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **TRUST, INC.**  
**9 WEST RUSTIC LODGE AVENUE SOUTH**  
**MINNEAPOLIS MN 55419 612-827-6519**





**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					
	1b	Membership dues					
	1c	Fundraising events	18,275				
	1d	Related organizations					
	1e	Government grants (contributions)	45,380				
	1f	All other contributions, gifts, grants, and similar amounts not included above	175,301				
	g	Noncash contributions included in lines 1a-1f	\$ 31,458				
	h	<b>Total. Add lines 1a-1f</b>	<b>238,956</b>				
Program Service Revenue	2a	HOME DELIVERED MEALS	624210	181,948	181,948		
	b	FAMILY CENTER	624100	56,260	56,260		
	c	ESTATE SALES RECEIPTS	624100	35,459	35,459		
	d	CHORE	624100	19,808	19,808		
	e	COAM	624100	17,531	17,531		
	f	All other program service revenue	624100	2,735	2,735		
	g	<b>Total. Add lines 2a-2f</b>	<b>313,741</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		372		372	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross Rents					
	b	Less rental exps					
	c	Rental inc or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis & sales exps					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 18,275 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					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Busn. Code				
11a	SCHOLARSHIP FUND			720		720	
b	SUNDRY - TRUST			437		437	
c							
d	All other revenue						
e	<b>Total. Add lines 11a-11d</b>			<b>1,157</b>			
12	<b>Total Revenue. See instructions</b>			<b>554,226</b>	<b>313,741</b>	<b>0</b>	
						<b>1,529</b>	

**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).

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	57,606	44,387	8,919	4,300
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	169,084	163,963	2,029	3,092
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4,236	3,336	900	
10 Payroll taxes	17,252	15,871	863	518
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	10,920		10,920	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	41,561	29,966	11,595	
14 Information technology				
15 Royalties				
16 Occupancy	29,264	25,527	3,737	
17 Travel	3,148	2,548	600	
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 <i>Attach #2</i>	3,574	2,680	894	
23 Insurance	10,264	8,533	1,731	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEALS FOOD EXPENSE	100,682	100,682		
b PARISH NURSE FEES	50,458	50,458		
c THERAPIST FEES	36,093	36,093		
d DIRECT PROGRAM COSTS	32,455	32,455		
e CONTRACTED SERVICES	8,744	8,744		
f All other expenses	4,067			4,067
25 Total functional expenses. Add lines 1 through 24f	579,408	525,243	42,188	11,977
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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	18,470	1	21,753
	2 Savings and temporary cash investments	65,024	2	57,260
	3 Pledges and grants receivable, net	8,219	3	7,451
	4 Accounts receivable, net	40,723	4	31,492
	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)) and persons described in section 4958(c)(3)(B) 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	6,410	9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 19,239		
	b Less accumulated depreciation	10b 14,544	8,269	10c 4,695
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	12,131	15	16,862
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	159,246	16	139,513	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	19,079	17	26,128
	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. Complete Part X of Schedule D	6,000	25	4,400
	26 <b>Total liabilities.</b> Add lines 17 through 25	25,079	26	30,528
<b>Net Assets or Fund Balances</b>	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	106,942	27	94,963
	28 Temporarily restricted net assets	15,094	28	1,827
	29 Permanently restricted net assets	12,131	29	12,195
	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 <b>Total net assets or fund balances</b>	134,167	33	108,985	
34 <b>Total liabilities and net assets/fund balances</b>	159,246	34	139,513	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  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?

b Were the organization's financial statements audited by an independent accountant?

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

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 consolidated basis, separate basis, or both

Separate basis  Consolidated basis  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?

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

	Yes	No
2a		<b>X</b>
2b	<b>X</b>	
2c	<b>X</b>	
3a		<b>X</b>
3b		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**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

**TRUST, INC.**

Employer identification number

**41-0965940**

**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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)						<b>12</b>
<b>13 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 stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	284,225	301,766	197,430	220,487	238,956	1,242,864
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	149,262	171,912	310,934	314,679	313,741	1,260,528
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	433,487	473,678	508,364	535,166	552,697	2,503,392
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	99,095	136,143	138,593	123,581	135,277	632,689
c Add lines 7a and 7b	99,095	136,143	138,593	123,581	135,277	632,689
8 <b>Public support</b> (Subtract line 7c from line 6)						1,870,703

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	433,487	473,678	508,364	535,166	552,697	2,503,392
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	731	1,168	1,192		372	3,463
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	731	1,168	1,192		372	3,463
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					157	157
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			9,090	3,662		12,752
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	434,218	474,846	518,646	538,828	553,226	2,519,764
14 <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 stop here <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	74.24%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	74.32%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part III, Line 12 - Other Income Detail**

COAM CHECK W/O	\$	400
TRUST SUNDRY	\$	1,612
TRUST REIMBURSEMENT	\$	1,338
SCHOLARSHIP FUND	\$	1,161
TRUST CHECK W/O	\$	8,241

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2009**

Name of the organization

**TRUST, INC.**

Employer identification number

**41-0965940**

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, aggregate 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 aggregate 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 in the heading of its Form 990-EZ, or on 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>TRUST, INC.</b>	Employer identification number <b>41-0965940</b>
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**Part I Contributors (see instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ST. JOHNS LUTHERAN CHURCH 4842 NICOLLET AVENUE  MINNEAPOLIS MN 55419	\$ 11,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	ST. JOHN'S EPISCOPAL CHURCH 4201 SHERIDAN AVE S  MINNEAPOLIS MN 55410	\$ 5,173	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
3	LYNNHURST CONGREGATIONAL CHURCH 4501 COLFAX AVENUE SOUTH  MINNEAPOLIS MN 55409	\$ 7,043	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
4	FIRST UNIVERALIST CHURCH 3400 DUPONT AVE S  MINNEAPOLIS MN 55408	\$ 15,257	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
5	METROPOLITIAN AREA AGENCY ON AGING 2365 N. MCKNIGHT ROAD SUITE 3 NOTH ST. PAUL MN 55109	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
6	BETHLEHEM LUTHERAN CHURCH 4100 LYNDAL AVE SOUTH  MINNEAPOLIS MN 55409	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization <b>TRUST, INC.</b>	Employer identification number <b>41-0965940</b>
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**Part I Contributors (see instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ST. JOAN OF ARC CATHOLIC CHURCH 4537 THIRD AVE. S.  MINNEAPOLIS MN 55419	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
8	ALLIANZ LIFE INSURANCE COMPANY 5701 GOLDEN HILLS DRIVE  MINNEAPOLIS MN 55416	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
9	JUDSON MEMORIAL BAPTIST CHURCH 4101 HARRIET AVE S.  MINNEAPOLIS MN 55409	\$ 9,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution )
10	WCA FOUNDATION 10249 YELLOW CIRCLE DRIVE SUITE 101 MINNETONKA MN 55343	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
11	WALKER METHODIST 3737 BRYANT AVE S  MINNEAPOLIS MN 5409	\$ 22,458	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 )

Name of organization  
**TRUST, INC.**

Employer identification number  
**41-0965940**

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	FREE USE OF OFFICE SPACE	\$ 9,000	12/31/09
11	PARISH NURSE WAGE FORGIVENESS	\$ 22,458	12/31/09

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**TRUST, INC.**

Employer identification number

**41-0965940**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, 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)?  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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

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

	Amount
1c	
1d	
1e	
1f	

**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 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
<b>1a</b> Beginning of year balance	12,131	12,025			
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	64	106			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	12,195	12,131			

**2** Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ \_\_\_\_\_ %

**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)		<b>X</b>
3a(ii)		<b>X</b>
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment <i>See Attach #2</i>	19,239		14,544	4,695
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ **4,695**



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV )	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	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

An individual contributed \$10,000 during the years 1988 through 1991 to the TRUST permanently restricted endowment to be used for meals, youth programs and companions for the elderly. Under the terms of the endowment, the endowment corpus must remain intact in perpetuity.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<b>SILENT AUCTION</b> (event type)	(event type)	<b>None</b> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	9,307		9,307	
	2	Less: Charitable contributions	9,307		9,307	
	3	Gross revenue (line 1 minus line 2)				
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 Combine line 3, column (d), and line 10				

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

		(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 Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities  
 a Is the organization licensed to operate gaming activities in each of these states?  
 b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?  
 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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

Yes	No
-----	----

**14** Provide 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?

**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?

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**15a**

**17a**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

**TRUST, INC.**

Employer identification number  
**41-0965940**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16	<b>X</b>	<b>1</b>	<b>9,000</b>	
17				
18				
19				
20				
21				
22				
23				
24				
25	<b>X</b>	<b>1</b>	<b>22,458</b>	
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

TRUST, INC.

Employer identification number

41-0965940

**Form 990, Part I, Line 6**

VOLUNTEERS HELP DELIVER MEALS UNDER THE MEALS-ON-WHEELS PROGRAM, ASSIST WITH HOUSECLEANING AND OTHER SUCH TASKS UNDER THE CHORE PROGRAM, ASSIST WITH HEALTH EDUCATION UNDER THE PARISH NURSE PROGRAM, ASSIST WITH ESTATE SALES UNDER THE ESTATE SALES PROGRAM, AS WELL AS MANY OTHER ASSISTANCE UNDER SMALLER TRUST PROGRAMS, ALL OF WHICH HELP COMMUNITY RESIDENCE IN NEED.

**Form 990, Part III, Line 4d - All Other Achievements**

TRUST TOPICS, PARISH NURSE, LOAVES AND FISHES, FAMILY CENTER AND COAM; PROGRAMS TO PROVIDE ASSISTANCE AND SERVICES TO LOCAL RESIDENTS.

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

THE ORGANIZATION IS MADE UP MEMBER CHURCHES WHO ELECT REPRESENTATIVES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

EACH MEMEBR CHURCH SHALL APPOINT TWO MEMBERS OF ITS CHURCH TO BECOME MEMBERS OF THE BOARD OF DIRECTORS.

**Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members**

IN ALL MATTERS THAT COME BEFORE THE BOARD, EACH BOARD MEMBER SHALL BE ENTITLED TO ONE VOTE.

Name of the organization

TRUST, INC.

Employer identification number

41-0965940

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation  
THE BOARD OF DIRECTORS SHALL HOLD AT LEAST 6 MEETINGS PER YEAR, IN WHICH  
THE MEETINGS ARE DOCUMENTED IN WRITTEN FORM.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation  
THE BOARD MAY FROM TIME TO TIME DESIGNATE AND ESTABLISH VARIOUS COMMITTEES  
WHICH SHALL BE ADVISORY TO THE BOARD. ALL SUCH COMMITTEE MEETINGS SHALL BE  
DOCUMENTED IN WRITTEN FORM.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990  
THE DRAFT FORM 990 GOES TO THE FINANCE COMMITTEE FOR REVIEW. ONCE DONE,  
THIS COMMITTEE BRINGS THE FORM 990 TO THE FULL BOARD FOR FURTHER REVIEW AND  
APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
ALL BOARD MEMBERS ARE REQUIRED TO FILE A CONFLICT OF INTEREST POLICY. ANY  
POTENTIAL CONFLICTS ARE DISCLOSED TO THE FULL BOARD.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
EXECUTIVE DIRECTOR SALARY APPROVED BY BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
FULL BOARD APPROVES ALL COMPENSATION.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
FORM 990 LISTED ON GUIDESTAR AND UPON WRITTEN REQUEST.

**Federal Statements****Tax-Exempt 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>372</u>		14		
Total	\$ <u><u>372</u></u>				

410965940 TRUST, INC.  
41-0965940  
FYE: 12/31/2009

9/14/2010 9:14 AM

## Federal Statements

### Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DIRECT FUNDRAISING COSTS	\$ 4,067	\$	\$	\$ 4,067
Total	\$ 4,067	\$ 0	\$ 0	\$ 4,067

About Us Home  
Mission Statement  
Staff

Member Churches  
**Board Members**  
Volunteering

# Board Members

Board Member	Representing
Harold Anderson	Richfield United Methodist Church
Kathi Blomquist	St. Luke's Episcopal Church
Mary Corlett	St. John's Episcopal Church
Julie Howard	First Universalist Church
Jean Jachman	St. Joan of Arc Catholic Church
Suzanne Jebe	St. John's Lutheran Church
Clarice Lien	Richfield United Methodist Church
Kathryn Lundquist	Linden Hills United Church of Christ
Tom Lynch	St. Leonard's Catholic Church
Randy Madson	Lynnhurst United Church of Christ
Marie Mellgren	Oakland Avenue United Mthodist Church
Marilyn Miller	Lutheran Church of Christ the Redeemer
Rita Olk	St. Joan of Arc Catholic Church
Marion Paulson	Lutheran Church of Christ the Redeemer
Mike Peterson	Mayflower Congregational United Church of Christ
Lynn Richardson	Lynnhurst United Church of Christ
Bev Robinson	Bethlehem Lutheran Chruch
Ken Rowe	Judson Memorial Baptist Church
Don Schultz	Business Community
Marjie Smith	First Universalist Church
Cindy Tintner	Bethlehem Lutheran Chruch
Wayne Urbaniak	Judson Memorial Baptist Church
Betsy Wray	Lake Harriet Christian Church

TRUST, INC  
Sch #1  
GLE 12/31/09

BIN 41-0965940



TRUST, INC.  
FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

LA FAYETTE & COMPANY, LTD.  
CERTIFIED PUBLIC ACCOUNTANTS

**LA FAYETTE & COMPANY, LTD.**

**CERTIFIED PUBLIC ACCOUNTANTS**

6625 Lyndale Avenue South, Suite 516

Minneapolis, Minnesota 55423

Roy H LaFayette, CPA  
James E Melssen, CPA  
Roger D Plath, CPA, CIA

Telephone (612) 861-8366

Fax (612) 861-8377

**INDEPENDENT AUDITOR'S REPORT**

Board of Directors and Management  
TRUST, Inc.  
9 West Rustic Lodge Avenue  
Minneapolis, MN 55419

We have audited the accompanying statements of financial position of TRUST, Inc. (a nonprofit organization) as of December 31, 2009 and 2008 and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of TRUST, Inc. as of December 31, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*LaFayette & Company, Ltd.*  
Certified Public Accountants

Minneapolis, Minnesota  
September 14, 2010

TRUST, INC.

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2009 and 2008

ASSETS	<u>2009</u>	<u>2008</u>
Current Assets		
Cash	\$ 79,013	\$ 83,494
Receivables		
Contributions and grant	7,451	8,219
Program service fees, net	31,492	40,723
Prepaid expenses	-	6,410
Stock donation	4,667	-
	<hr/>	<hr/>
Total Current Assets	122,623	138,846
	<hr/>	<hr/>
Furniture and equipment	19,239	19,239
Less accumulated depreciation	(14,544)	(10,970)
	<hr/>	<hr/>
	4,695	8,269
	<hr/>	<hr/>
Other Assets		
Savings certificate - restricted	11,674	11,674
Cash - restricted	521	457
	<hr/>	<hr/>
Total Other Assets	12,195	12,131
	<hr/>	<hr/>
TOTAL ASSETS	\$ 139,513	\$ 159,246
	<hr/> <hr/>	<hr/> <hr/>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Current Liabilities		
Accounts payable	\$ 19,683	\$ 14,061
Due to therapists	4,400	6,000
Accrued payroll expenses	6,445	5,018
	<hr/>	<hr/>
Total Current Liabilities	30,528	25,079
	<hr/>	<hr/>
NET ASSETS		
Unrestricted	94,963	106,942
Temporarily restricted	1,827	15,094
Permanently restricted - endowment	12,195	12,131
	<hr/>	<hr/>
Total Net Assets	108,985	134,167
	<hr/>	<hr/>
TOTAL LIABILITIES AND NET ASSETS	\$ 139,513	\$ 159,246
	<hr/> <hr/>	<hr/> <hr/>

See Accompanying Notes to Financial Statements.

TRUST, INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2009

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Support and Revenue				
Support				
Contributions	\$ 160,291	\$ 1,827	\$ -	\$ 162,118
In-kind contributions	31,458	-	-	31,458
Grant	45,380	-	-	45,380
Total Support	<u>237,129</u>	<u>1,827</u>	<u>-</u>	<u>238,956</u>
Revenue				
Program service fees	313,741	-	-	313,741
Interest income	308	-	64	372
Miscellaneous	1,157	-	-	1,157
Net assets released from restrictions	15,094	(15,094)	-	-
Total Revenue	<u>330,300</u>	<u>(15,094)</u>	<u>64</u>	<u>315,270</u>
TOTAL SUPPORT AND REVENUE	<u>567,429</u>	<u>(13,267)</u>	<u>64</u>	<u>554,226</u>
Expenses				
Program	525,243	-	-	525,243
Management and general	42,188	-	-	42,188
Fundraising	11,977	-	-	11,977
TOTAL EXPENSES	<u>579,408</u>	<u>-</u>	<u>-</u>	<u>579,408</u>
Increase (decrease) in net assets	(11,979)	(13,267)	64	(25,182)
Net assets, beginning of year	<u>106,942</u>	<u>15,094</u>	<u>12,131</u>	<u>134,167</u>
Net assets, end of year	<u>\$ 94,963</u>	<u>\$ 1,827</u>	<u>\$ 12,195</u>	<u>\$ 108,985</u>

TRUST, INC

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2008

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Support and Revenue				
Support				
Contributions	\$ 150,895	\$ 15,094	\$ -	\$ 165,989
In-kind contributions	9,000	-	-	9,000
Grant	45,253	-	-	45,253
Total Support	<u>205,148</u>	<u>15,094</u>	<u>-</u>	<u>220,242</u>
Revenue				
Program service fees	314,924	-	-	314,924
Interest income	749	-	106	855
Miscellaneous	3,662	-	-	3,662
Net assets released from restrictions	7,332	(7,332)	-	-
Total Revenue	<u>326,667</u>	<u>(7,332)</u>	<u>106</u>	<u>319,441</u>
TOTAL SUPPORT AND REVENUE	<u>531,815</u>	<u>7,762</u>	<u>106</u>	<u>539,683</u>
Expenses				
Program	514,791	-	-	514,791
Management and general	40,585	-	-	40,585
Fundraising	14,417	-	-	14,417
TOTAL EXPENSES	<u>569,793</u>	<u>-</u>	<u>-</u>	<u>569,793</u>
Increase (decrease) in net assets	(37,978)	7,762	106	(30,110)
Net assets, beginning of year	115,863	7,332	12,025	135,220
Addition to net assets: merger	29,057	-	-	29,057
Net assets, end of year	<u>\$ 106,942</u>	<u>\$ 15,094</u>	<u>\$ 12,131</u>	<u>\$ 134,167</u>

See Accompanying Notes to Financial Statements

TRUST, INC

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2009

	Home Delivered Meals	Choke	Family Center	Parish Nurses	Estate Sales	Initiatives & Events	COBM	Total Program SERVICES	Management & General	Fundraising	Total
Salary and payroll	\$ 65,849	\$ 57,930	\$ 9,084	\$ 9,084	\$ 26,364	\$ -	\$ 40,039	\$ 208,350	\$ 10,948	\$ 7,392	\$ 226,690
Payroll taxes	4,830	4,485	690	690	2,070	-	3,106	15,871	863	518	17,252
Therapist fees	-	-	36,093	-	-	-	-	36,093	-	-	36,093
Parish nurse fees	-	-	-	50,458	-	-	-	50,458	-	-	50,458
Contracted services	-	-	8,744	-	-	-	-	8,744	-	-	8,744
Meals on Wheels expense	100,682	-	-	-	-	-	-	100,682	-	-	100,682
Accounting fees	-	-	-	-	-	-	-	-	10,920	-	10,920
Copying and printing	50	1,141	313	921	842	-	169	3,436	723	-	4,159
Depreciation	893	893	-	894	-	-	-	2,680	894	-	3,574
Other direct program expenses	543	18,448	-	-	-	7,320	6,144	32,455	-	-	32,455
Employee benefits	1,200	900	-	-	600	-	636	3,336	900	-	4,236
Direct fundraising expenses	-	-	-	-	-	-	-	-	-	4,067	4,067
Insurance	1,730	1,730	352	1,351	1,730	-	1,640	8,533	1,731	-	10,264
Mileage and travel cost	572	169	-	-	264	-	1,543	2,548	600	-	3,148
Rent	9,000	1,787	10,065	1,625	-	-	3,050	25,527	3,737	-	29,264
Office and administrative costs	3,869	1,360	1,076	1,475	2,037	-	5,120	14,937	7,404	-	22,341
Postage and shipping	644	896	86	785	911	-	646	3,968	845	-	4,813
Training	365	-	-	315	-	-	18	698	549	-	1,247
Telephone	2,249	758	2,459	706	-	-	755	6,927	2,074	-	9,001
	\$ 192,476	\$ 90,497	\$ 68,962	\$ 68,304	\$ 34,818	\$ 7,320	\$ 62,866	\$ 525,243	\$ 42,188	\$ 11,977	\$ 579,408

See Accompanying Notes to Financial Statements

TRUST, INC  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2008

	Home delivered Meals	Choce	Family Center	Parish Nurse	Estate Sales	Initiatives & Events	CoAM	Management & General	Fundraising	Total
Salary and payroll	\$ 65,173	\$ 54,251	\$ 8,600	\$ 8,600	\$ 26,993	\$ -	\$ 39,245	\$ 8,600	\$ 8,600	\$ 220,062
Payroll taxes	4,975	4,139	647	647	2,054	-	2,642	647	647	16,398
Therapist fees	-	-	50,086	-	-	-	-	-	-	50,086
Parish nurse fees	-	-	-	37,716	-	-	-	-	-	37,716
Contracted services	-	-	15,151	-	-	-	-	-	-	15,151
Meals on wheels expense	99,979	-	-	-	-	-	-	-	-	99,979
Accounting fees	-	-	-	-	-	-	-	10,400	-	10,400
Copying and printing	33	1,367	306	1,095	990	-	675	(625)	-	3,841
Depreciation	-	974	-	974	-	-	-	973	-	3,895
Other direct program expenses	2,822	6,886	-	-	-	8,397	8,768	-	-	26,873
Employee benefits	968	883	-	-	598	-	583	917	-	3,949
Direct fundraising expenses	-	-	-	-	-	-	-	-	5,170	5,170
Insurance	1,238	1,234	-	1,000	1,238	-	1,024	2,357	-	8,091
Mileage and travel cost	588	106	-	-	246	-	1,760	558	-	3,258
Utilities	-	108	-	108	-	-	-	108	-	324
Rent	9,000	1,925	9,933	1,925	-	-	1,900	3,800	-	28,483
Office and administrative costs	2,268	317	1,355	134	1,106	23	6,079	8,587	-	19,869
Postage and shipping	824	980	230	924	1,047	-	652	1,520	-	6,177
Training	-	-	-	255	-	-	-	479	-	734
Telephone	2,021	943	2,537	852	-	-	720	2,264	-	9,337
	\$ 190,863	\$ 74,113	\$ 88,845	\$ 54,230	\$ 34,272	\$ 8,420	\$ 64,048	\$ 40,585	\$ 14,417	\$ 569,793

See Accompanying Notes to Financial Statements

TRUST, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Change in net assets	\$ (25,182)	\$ (30,110)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating Activities		
Depreciation	3,574	3,895
(Increase) in permanent endowment fund	(64)	(106)
(Increase) decrease in operating assets		
Accounts receivable	10,798	7,199
Prepays	6,410	(5,317)
Allowance for doubtful accounts	(799)	1,652
Increase (decrease) in operating liabilities		
Accounts payable	5,622	(6,972)
Due to therapists	(1,600)	(1,600)
Accrued payroll expenses	1,427	3,523
Net cash provided by (used in) operating activities	<u>186</u>	<u>(27,836)</u>
Cash flows from investing activities		
Purchase of equipment	-	(4,452)
Receipt of donated stock	(4,667)	-
Purchases of certificate of deposit	(11,674)	(11,674)
Redemption of certificate of deposit	11,674	11,674
CoAm merger	-	29,057
Net cash (used in) provided by investing activities	<u>(4,667)</u>	<u>24,605</u>
Net (decrease) in cash	<u>(4,481)</u>	<u>(3,231)</u>
Cash, beginning of year	<u>83,494</u>	<u>86,725</u>
Cash, end of year	<u>\$ 79,013</u>	<u>\$ 83,494</u>

See Accompanying Notes to Financial Statements.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NATURE OF ORGANIZATION

TRUST, Inc. (TRUST) was incorporated as a non-profit organization under the laws of the State of Minnesota in 1970. The purpose of TRUST is to serve as an agency through which churches in the south Minneapolis community may cooperate to effectively extend their ministries to meet the needs of the members of their congregations and of all residents of the community. The members of TRUST are the churches who agree with its purpose and goals and are accepted into membership. TRUST is governed by a Board of Directors.

A brief description follows for each of the Organization's programs.

- Meals on Wheels volunteers deliver hot noon meals to homebound persons residing in south Minneapolis who are over the age of 60 or who have disabilities. In 2009 and 2008, 322 and 342 volunteers delivered hot noon meals, respectively.
- Chore Program's goal is to help clients continue living in their own homes by matching them with either independent contractors or volunteers who assist them with tasks such as housecleaning, snow removal, yard work, and miscellaneous repairs. In 2009 and 2008, 339 and 318 clients were served, respectively.
- Parish Nursing matches medically trained volunteers who provide support to persons in need of care. As of 2009 and 2008, the program utilized approximately 40 volunteers for over 1,500 hours of visiting, phone calls, and blood pressure screenings, provided 5 (12 in 2008) flu shot clinics and a prayer shawl ministry and presented educational sessions to over 1,500 people in congregations and community groups.
- TRUST Youth Program provides leadership and service opportunities for youth and provides interaction between congregations and the community.
- TRUSTY Salers are trained and experienced volunteers who manage estate sales for people in transition. In 2009, 25 volunteers donated over 3,000 hours of service for 24 sales. In 2008, 25 volunteers donated over 3,800 hours of service for 22 sales.
- TRUST Family Center at Judson therapists provide individual, family and group counseling in a community setting.
- South Minneapolis Coalition for Grief Support provides grief support groups in south Minneapolis.
- TRUST also has initiatives that provide opportunities for congregations and the community to collaborate on projects;

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(CONTINUED)

- o TRUST BUILDERS Housing Initiative provides volunteers building for Habitat for Humanity and Urban Homeworks;
- o Recovery Support and Substance Abuse Prevention Project teaches congregations how to support individuals and families in recovery from chemical dependency;
- o School Partners works to match adults with students at a local elementary school;
- o Loaves and Fishes is a cooperative effort of TRUST congregations to serve meals to the homeless and working poor at St. Stephen's Church six times a year. 150 volunteers worked through the year for a total of 500 volunteer hours; and
- o Wreath of Love provides Christmas gifts to each resident at Redeemer Residence, Redeemer daycare and some Parish Nurse and Meals on Wheels clients.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Organization has presented its financial statements in accordance with generally accepted accounting principles for not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

*Contributions*

Under generally accepted accounting principles for not-for-profit organizations, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(CONTINUED)

*Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

*Asset Capitalization Policy*

The Organization has established a policy to capitalize all fixed asset purchases for individual items of \$1,000 or more.

*Income Taxes*

The Organization has qualified as an organization exempt from federal and Minnesota income taxes under Code Section 501(c)(3) of the Internal Revenue Code and Minnesota Statutes 290.03 and therefore is exempt from income tax. TRUST's most recent updated letter of exemption is dated December 17, 2009.

*Valuation of Accounts Receivable*

The Organization uses the allowance method to determine uncollectible receivables. The allowance is based on prior year's experience and management's analysis of specific contributions and support made. As of December 31, 2009 and 2008, management has estimated an allowance for doubtful accounts at \$2,599 and \$3,398, respectively.

*Furniture and Equipment*

Furniture and equipment are stated at cost or, if contributed, at fair market value on the date received. Furniture and equipment are depreciated using the straight-line method over the estimated useful life of the property, which is primarily five years. Maintenance and repairs which do not extend the useful life of the property are expensed when incurred.

*Functional Allocation of Expenses*

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008  
(CONTINUED)

*Donated Services, office Space and Equipment*

TRUST recognizes contributions of services if the services received (a) create or enhance non-financial assets or (b) require specialized skills, are provided by individual possessing those skills, and would typically need to be purchased if not provided by contribution. The value of these services has not been recorded in the financial statements because they do not meet the definition for recognition under generally accepted accounting principles. However, a schedule has been included which summarizes the estimated value had they been recorded:

	<u>2009</u>
Donated hours	21,351
Estimated value	\$260,867
Donated mileage	24,960
Estimated value	\$3,494

In 2009 and 2008, the Organization's Meals on Wheels program received the use of office space, free of any rent payments. The fair market value of this office space was estimated at \$9,000 for both years (see "OFFICE LEASES" footnote). In addition, as part of its Parish Nurse program, wage reimbursement due a third party totaling \$22,458 was forgiven.

ACCRUED VACATION

In accordance with the provisions of Statement of Financial Accounting standards No. 43, "Accounting for Compensated Absences", a liability is recorded for the estimated amounts of compensation for future absences. All qualified employees accrue vacation as follows; two weeks during the first year after completion of probationary period; two weeks during the second and third years of employment; three weeks per year in the fourth and fifth years of employment; four weeks in the sixth year of employment and thereafter. A maximum of 5 days of accrued vacation time can be rolled over from one year to the next, unless Board approves additional time.

SICK LEAVE

Employees working 20 hours or more per week will earn one prorated sick leave day per month. This may be used only for medical reasons of the employee or for a member of the employee's relational family where presence of the employee is required.

PENSION PLAN

The Organization offers employees the option to participate in a 403(b) defined contribution plan. The Organization does not contribute to this plan.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008  
(CONTINUED)

COPIER LEASE

The Organization leases a copier under an operating agreement expiring in April 2011. The Organization also has two other equipment rental agreements, both are considered month-to-month agreements. Each monthly rent charged is determined the first of January. Future minimum lease payments for the copier as of December 31, 2009 are as follows:

2010	\$ 3,252
2011	<u>1,084</u>
Total minimum lease obligations	\$ <u>4,336</u>

Copier operating lease expense for both 2009 and 2008 was \$3,252.

OFFICE LEASES

The Organization has various office lease agreements to run its programs and conduct its administrative work as follows:

- Judson Memorial Baptist Church (Judson): The Organization rents office space from Judson for its Family Center program. The lease is month-to-month. Per month lease payments for 2010 are set at \$875 plus incidental costs, such as use of copier. The Organization also uses space at Judson for its Meals on Wheels program. This space is donated by Judson to the Organization. Estimated fair market value for this space was \$9,000 for both 2009 and 2008.
- El Milagro Lutheran Church (El Milagro): The Organization rents office space from El Milagro for its CoAM program. The lease is renewed annually for a term of one year. The minimum lease payments under this contract totals \$3,600 for 2010.
- St. John's Lutheran Church (St. John's): The Organization rents office space from St. John's to operate all its other programs including administrative functions. The lease is month-to-month. Per month lease payments for 2010 is set at \$650.

The total office lease payments for all space excluding the in-kind, amounted to \$20,265 and \$19,483 for 2009 and 2008, respectively.

MEDICAL REIMBURSEMENT PLAN

The Organization provides for reimbursement to all qualified employees to submit up to \$600 for qualified medical related expenses, including medical insurance coverage which the employees purchase on their own.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008  
(CONTINUED)

CONCENTRATIONS

The Organization has two programs which make up 43% and 46% of total revenue for 2009 and 2008, respectively.

The Organization is greatly dependent on volunteer resource availability for the success of the operation of many of its programs. Without these volunteers, the amount of program outreach would be significantly decreased. Further, the Organization's services generally extend to the geographic region of South Minneapolis.

TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are subject to donor imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. As of December 31, 2009 and 2008, temporarily restricted net assets are a result of time restrictions and an unspent program contribution totaling \$1,827 and \$15,094, respectively.

PERMANENTLY RESTRICTED NET ASSETS - ENDOWMENT

An individual contributed \$10,000 during the years 1988 through 1991 to the TRUST permanently restricted endowment to be used for meals, youth programs and companions for the elderly. Under the terms of the endowment, the endowment corpus must remain intact in perpetuity. The earnings of the endowment are to be treated as follows:

Twenty percent (20%) of earnings is to be reinvested and added to the corpus.

Eighty percent (80%) of earnings is available to be spent on meals, youth programs and companions for the elderly.

At December 31, 2009 and 2008, the corpus totaled \$12,195 and \$12,131, respectively.

UNINSURED BANK CASH DEPOSITS

The Federal Deposit Insurance Corporation (FDIC) temporarily increased insured bank cash deposits from \$100,000 to \$250,000 effective October 3, 2008 through December 31, 2013. With this increase, the Organization did not have any cash deposits in excess of insured limits.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008  
(CONTINUED)

MERGER

Effective January 1, 2008 TRUST merged with Cooperative Adult Ministry (CoAM). CoAM is a twenty year old non-profit based in south Minneapolis with congregations as members.

CoAM's programs include:

- Life Enrichment is a lifelong learning program;
- Grocery Shopping Transportation which provides trained drivers with vans to take elderly people or those with disabilities grocery shopping;
- Health Ministry provides depression support groups and supports the Minnehaha/Nokomis Grief Support Group; and
- Bus Tours provide day tours throughout the year.

The merger created economies for both organizations as administration is now combined. It expands TRUST's congregational geography into areas where we are already providing Meals on Wheels and the Chore Program. It will also offer more options for outreach for CoAM's programs. As a result of the merger, CoAM brought in a net of \$29,057 of unrestricted net assets, effective on the date of the merger.

SUBSEQUENT EVENTS

In May 2009, the FASB issued a standard that established general standards of accounting for and disclosures of events that occur after the balance sheet date but before the financial statements are issued or are available for issuance. In preparing the accompanying financial statements, we have reviewed all known events that have occurred after December 31, 2009 and through September 14, 2010, the date the financial statements were issued. During this review, it was noted that TRUST's Board of Directors has approved the termination of its Family Center program. As of the report lease date, it is estimated that the termination of the program will take place sometime in November 2010.

TAX POSITIONS

The Organization has elected to defer the adoption of the provisions of the Financial Accounting Standards Board (FASB) Interpretation No. 48, "accounting for uncertainty in income taxes and interpretation of FASB Statement No. 109 (FIN 48). FIN 48 clarified the accounting disclosure requirements for uncertain tax positions. The Organization will continue to account for tax contingencies in accordance with FASB No. 5, "Accounting for Contingencies". Management is of the view that there are no significant tax positions that may be challenged.

TRUST, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008  
(CONTINUED)

ACCOUNTING STANDARDS CODIFICATION

In June 2009, the Financial Accounting Standards Board (FASB) issued standards that established the FASB Accounting Standards Codification (ASC or Codification) as the source of authoritative GAAP by the FASB for nongovernmental entities. The ASC supersedes all non-SEC accounting and reporting standards that existed at the ASC's effective date. The FASB uses Accounting Standards Updates (ASU) to amend the ASC. We make general references to pre-Codification standards where deemed appropriate.

RECLASSIFICATIONS

Certain amounts within the Statement of Functional expenses from 2008 were reclassified to match the 2009 presentation. These reclassifications had no impact to reported net assets as of December 31, 2009 or 2008.

# Federal Statements

## Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension

### Description

An additional 3 months is requested so that our annual audit can be completed (between August 2010 and late September 2010) and a complete and accurate Form 990 can be prepared and submitted.

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>TRUST, INC.</b>	Employer identification number <b>41-0965940</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>9 WEST RUSTIC LODGE AVENUE SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MINNEAPOLIS MN 55419</b>	

**Check type of return to be filed (file a separate application for each return)**

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► **TRUST, INC.**

Telephone No ► **612-827-6519** FAX No. ►

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach

a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year **2009** or  
►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>TRUST, INC.</b>	Employer identification number <b>41-0965940</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>9 WEST RUSTIC LODGE AVENUE SOUTH</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MINNEAPOLIS MN 55419</b>	

Check type of return to be filed (File a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of **TRUST, INC.**  
 Telephone No. **612-827-6519** FAX No.

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**See Statement 1**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date **07/23/10**  
 Form **8868** (Rev 4-2009)