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**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

**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  
**COMMUNITY THREAD**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**2300 WEST ORLEANS STREET**  
 City or town, state or country, and ZIP + 4  
**STILLWATER MN 55082**

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

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

**G** Gross receipts \$ **498,871**

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

**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.communitythreadmn.org**

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

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

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

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities  
**COMMUNITY THREAD IS A MINNESOTA NONPROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROMOTING AND SUPPORTING VOLUNTEERISM BY SERVING ORGANIZATIONS AND INDIVIDUALS, MEETING COMMUNITY NEEDS THROUGH VOLUNTEER RESOURCES.**

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** **14**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **14**

5 Total number of employees (Part V, line 2a) **5** **13**

6 Total number of volunteers (estimate if necessary) **6** **1200**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	464,069	440,735
9 Program service revenue (Part VIII, line 2g)	60,272	31,410
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,509	1,279
11 Other revenue (Part VIII, column (A), lines 8d, 9c, 9d, 9e, and 11e)	18,860	25,447
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	545,710	498,871
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,128	4,217
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	352,642	385,453
16a Professional fundraising fees (Part IX, column (A), line 11)		
b Total fundraising expenses (Part IX, column (B), line 25)	44,180	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	196,525	196,266
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	551,295	585,936
19 Revenue less expenses Subtract line 18 from line 12	-5,585	-87,065

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	641,836	556,545
21 Total liabilities (Part X, line 26)	23,070	24,844
22 Net assets or fund balances Subtract line 21 from line 20	618,766	531,701

**Part II Signature Block**

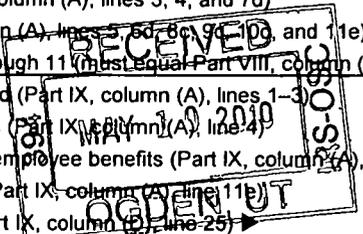
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  *Jennifer Cates Peterson* Signature of officer Date: **5-5-10**  
 *Jennifer Cates Peterson Board President* Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Leo C. Neuman* Date: **04/14/10** Check if self-employed:  Preparer's identifying number (see instructions): **P00161785**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LEO C. NEUMAN, LTD.**  
**P.O. BOX 898**  
**STILLWATER, MN 55082-0898**  
 EIN: **41-1681404**  
 Phone no: **651-439-5990**

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

SCANNED JUN 02 2009 Activities & Governance



9-2

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ **222,033** including grants of \$ ) (Revenue \$ )  
**THE SENIOR CENTERS SERVE AS A HUB OF SENIOR ACTIVITY IN THE ST. CROIX VALLEY AREA. THEY PROVIDE A FOCAL POINT FOR HIGH QUALITY PROGRAMS AND ACTIVITIES WHICH ENHANCE THE WELL BEING OF OLDER ADULTS. THE CENTERS SUPPORT SERVICES ENABLE SENIORS TO REMAIN INDEPENDENT IN THEIR OWN HOMES, AS WELL AS PROVIDING A PLACE FOR SOCIALIZATION, EDUCATION, INFORMATION AND REFERRAL, DIRECT SENIOR SERVICES, AND SENIOR ADVOCACY.**

4b (Code ) (Expenses \$ **67,645** including grants of \$ ) (Revenue \$ )  
**THE TRANSPORTATION PROGRAM ENGAGES VOLUNTEER DRIVERS WHO TAKE PEOPLE TO AND FROM NEEDED MEDICAL OR OTHER WELLNESS APPOINTMENTS. THIS SERVICE IS FREE TO ALL ELIGIBLE RESIDENTS OF WASHINGTON COUNTY. THE TRANSPORTATION PROGRAM ALSO PROVIDES REFERRALS AND CONNECTIONS TO ALTERNATIVE TRANSPORTATION RESOURCES FOR THOSE WHO HAVE OTHER TRANSPORTATION NEEDS.**

4c (Code ) (Expenses \$ **31,696** including grants of \$ **4,217** ) (Revenue \$ )  
**THE HOLIDAY BUREAU PROVIDES AN OPPORTUNITY IN WHICH THE COMMUNITY CAN REACH OUT TO FAMILIES AND INDIVIDUALS DURING THE HOLIDAYS. VOLUNTEERS PURCHASE AND DELIVER FOOD AND GIFTS.**

4d Other program services (Describe in Schedule O)

(Expenses \$ **177,247** including grants of \$ ) (Revenue \$ )4e Total program service expenses **498,621**

**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		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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</b> <b>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</b> <b>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?		X
<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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country ► 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?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<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?		X
<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>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>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>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<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
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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 ► **VALERIE JONES**  
**2300 W. ORLEANS**

**STILLWATER**

**MN 55082**

**651-439-7434**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE FREDKOVE PAST PRESIDENT	2.00	X					0	0	0	
JAMES HINIKER TREASURER	4.00	X		X			0	0	0	
KARLA ANDERSON VICE PRESIDENT	2.00	X		X			0	0	0	
WILLIAM ARMSTRONG DIRECTOR	2.00	X					0	0	0	
FRED BANISTER DIRECTOR	2.00	X					0	0	0	
JENNIFER CATES PETERSON PRESIDENT	2.00	X		X			0	0	0	
PAUL ERICKSON DIRECTOR	2.00	X					0	0	0	
JOYCE FLYNN DIRECTOR	2.00	X					0	0	0	
AL GODFREY DIRECTOR	2.00	X					0	0	0	
DANA MISNER DIRECTOR	2.00	X					0	0	0	
VIOLA RUSSELL DIRECTOR	2.00	X					0	0	0	
AMY SKARE SECRETARY	2.00	X		X			0	0	0	
KIT RIDGEWAY DIRECTOR	2.00	X					0	0	0	
AMY SCHMIDT DIRECTOR	2.00	X					0	0	0	



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a 35,480				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 73,462				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 331,793				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		<b>440,735</b>			
<b>Program Service Revenue</b>	2a TRANSPORTATION	Busn. Code	29,441	29,441		
	b MISCELLANEOUS SENIOR REIMBURS		1,170	1,170		
	c VOLUNTEER CENTER		799	799		
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>31,410</b>			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,279		1,279
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real	1,530			
		(ii) Personal				
		<b>d Net rental income or (loss)</b>		<b>1,530</b>		<b>1,530</b>
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		<b>d Net gain or (loss)</b>				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less: direct expenses		b				
<b>c Net income or (loss) from fundraising events</b>						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	a	23,917				
b Less cost of goods sold	b					
<b>c Net income or (loss) from sales of inventory</b>		<b>23,917</b>			<b>23,917</b>	
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total Revenue. See instructions</b>		<b>498,871</b>	<b>31,410</b>	<b>0</b>	<b>26,726</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	4,217	4,217		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,538	43,076	6,154	12,308
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	280,462	244,777	12,637	23,048
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,031	16,018	1,046	1,967
10 Payroll taxes	24,422	20,555	1,342	2,525
11 Fees for services (non-employees)				
a Management	3,500	3,500		
b Legal				
c Accounting	3,000	1,400	1,600	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	845		845	
12 Advertising and promotion	4,703	3,069	1,634	
13 Office expenses	46,398	38,364	3,833	4,201
14 Information technology	13,464	11,204	2,160	100
15 Royalties				
16 Occupancy	57,718	56,300	1,418	
17 Travel	900	407	493	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,835	2,386	1,449	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,416	21,468	1,948	
23 Insurance	12,260	8,045	4,184	31
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 <b>VOLUNTEER EXPENSES</b>	26,227	23,835	2,392	
b				
c				
d				
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>585,936</b>	<b>498,621</b>	<b>43,135</b>	<b>44,180</b>
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	52,119	1	60,751
	2	Savings and temporary cash investments	115,241	2	40,520
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,884	4	4,853
	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	4,056	9	3,516
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	691,794		
	10b	Less: accumulated depreciation	244,889		
	10c		467,536	10c	446,905
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	641,836	16	556,545	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	23,070	17	24,844
	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	23,070	26	24,844
<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	302,568	27	231,604
	28	Temporarily restricted net assets	316,198	28	300,097
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	618,766	33	531,701	
34	<b>Total liabilities and net assets/fund balances</b>	641,836	34	556,545	

**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
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**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)					12	
<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))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	466,131	432,543	469,312	464,069	440,735	2,272,790
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,860	38,853	59,723	79,132	31,410	241,978
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					23,917	23,917
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	498,991	471,396	529,035	543,201	496,062	2,538,685
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	27,797	33,853	54,404	73,675		189,729
<b>c</b> Add lines 7a and 7b	27,797	33,853	54,404	73,675		189,729
<b>8 Public support</b> (Subtract line 7c from line 6)						2,348,956

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	498,991	471,396	529,035	543,201	496,062	2,538,685
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,321	3,247	2,817	2,509	1,279	17,173
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	7,321	3,247	2,817	2,509	1,279	17,173
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					530	530
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	506,312	474,643	531,852	545,710	497,871	2,556,388

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	91.89%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	90.98%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	1%

**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

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**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.

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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

Employer identification number

COMMUNITY THREAD

41-0967271

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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)
2a Preservation of land for public use (e.g., recreation or pleasure)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of an historically important land area
2e Preservation of certified historic structure

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

Table with 1 column: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 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?
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)?
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.

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- 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)		
3a(ii)		
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
1a Land		75,000		75,000
b Buildings		219,355	111,943	107,412
c Leasehold improvements		277,961	28,376	249,585
d Equipment		119,478	104,570	14,908
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 446,905







**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**COMMUNITY THREAD**

Employer identification number  
**41-0967271**

Form 990, Part I, Line 6

DRIVERS FOR TRANSPORTATION PROGRAM.

TAX PREPARERS FOR TAX PROGRAM.

VARIOUS VOLUNTEERS FOR SENIOR ACTIVITIES, AND PROGRAMS.

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

THE VOLUNTEER CENTER SERVES INDIVIDUALS AND ORGANIZATIONS THROUGH FOUR PRIMARY FUNCTIONS: CONNECTING PEOPLE TO OPPORTUNITIES TO SERVE THROUGH A SEARCHABLE DATABASE OF VOLUNTEER OPPORTUNITIES, BUILDING CAPACITY FOR LOCAL VOLUNTEERING BY PROVIDING TRAINING AND SUPPORT IN VOLUNTEER MANAGEMENT TO LOCAL NONPROFIT ORGANIZATIONS; PROMOTING VOLUNTEERISM IN THE COMMUNITY; AND PROVIDING SPECIAL COMMUNITY WIDE SERVICE INITIATIVES.

THE NEIGHBORHOOD SERVICE EXCHANGE IS A VOLUNTARY PROGRAM WHICH PROMOTES COMMUNITY SERVICE THROUGH NEIGHBOR-TO-NEIGHBOR RELATIONSHIPS. THE PROGRAM IS BASED ON THE "TIME DOLLAR" CONCEPT. ONE HOUR OF SERVICE EARNS MEMBERS ONE "CREDIT" TO BE USED FOR RECEIVING SERVICE. THE EXCHANGE HAS BEEN SUCCESSFUL IN GAINING MEMBERS FROM AGES 6 TO 85.

THE MEDICAL RESERVE CORPS IS A POOL OF MEDICAL PROFESSIONALS AND OTHER SUPPORT VOLUNTEERS WHO WILL BE CALLED UPON BY COUNTY AND STATE OFFICIALS TO PROVIDE EMERGENCY STAFFING AND SUPPORT SERVICES TO RESPOND TO PUBLIC HEALTH EMERGENCIES.

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990  
No review was or will be conducted.

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

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

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

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

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

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

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

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

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

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

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization

COMMUNITY THREAD

Employer identification number

41-0967271

YES BY PERSONNEL COMMITTEE.

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

COPIES ARE AVAILABLE UPON REQUEST AT ORGANIZATION'S OFFICE.

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

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST	\$ <u>1,279</u>		14	MN	
Total	\$ <u><u>1,279</u></u>				

# Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING	\$ 845	\$	\$ 845	\$
Total	\$ 845	\$ 0	\$ 845	\$ 0

## Federal Statements

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2008	79,132	73,675
2007	59,723	54,404
2006	38,853	33,853
2005	32,860	27,797
Total	\$ <u>210,568</u>	\$ <u>189,729</u>



Community Thread 41-0967271 <sup>9129</sup> 3/12/09

STATE OF MINNESOTA SECRETARY OF STATE  
AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Community Volunteer Service and Senior Centers

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

~~02/26/2009~~ 3/12/2009

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE 1

Community Thread

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

*Valerie A Jones*  
(Signature of Authorized Person)

Name and telephone number of contact person: Valerie A. Jones 651-439-7434

Please print legibly

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at [www.sos.state.mn.us](http://www.sos.state.mn.us), or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

3/28/2010  
09:56

**COMMUNITY VOLUNTEER SERVICE**

Federal ID #: 41-0967271  
Asset Summary - Book Basis  
Period Ended 12/31/09

Company: CVS  
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1												
1	1	APPLE COMPUTER	07/01/85	N	SL	5	3,100 00	0 00	0 00	3,100.00	0 00	3,100 00
2	1	TV SET SENIOR CENT	07/01/85	N	SL	5	200 00	0 00	0 00	200.00	0 00	200.00
3	1	COMPUTER TABLE	07/01/86	N	SL	5	79 00	0 00	0 00	79 00	0 00	79 00
4	1	TABLE AND TEN CHA	07/01/86	N	SL	5	196 00	0 00	0 00	196 00	0 00	196 00
5	1	COMPUTER EXPANSI	07/01/87	N	SL	5	229 00	0 00	0 00	229 00	0 00	229 00
6	1	VCR SENIOR CENTER	07/01/87	N	SL	5	278 00	0 00	0 00	278 00	0 00	278 00
7	1	MICROWAVE OVEN S	07/01/87	N	SL	5	264 00	0 00	0 00	264 00	0 00	264 00
8	1	AIR CONDITIONER	07/01/87	N	SL	5	433 00	0 00	0 00	433 00	0 00	433 00
9	1	2 CHAIRS, SR CENTER	07/01/87	N	SL	5	635 00	0 00	0 00	635 00	0 00	635 00
10	1	WINDOW UNIT SR CT	07/01/88	N	SL	5	95 00	0 00	0 00	95 00	0 00	95 00
11	1	CHAIRS	07/01/88	N	SL	5	125.00	0 00	0 00	125 00	0 00	125 00
12	1	COMPUTER HARD DIS	07/01/88	N	SL	5	1,446 00	0 00	0 00	1,446 00	0 00	1,446 00
13	1	FURNITURE	07/01/88	N	SL	5	100 00	0 00	0 00	100 00	0 00	100 00
14	1	REFRIGERATOR	07/01/89	N	SL	5	95 00	0 00	0 00	95 00	0 00	95 00
15	1	APPLEWORK 3 0 UPG	07/01/89	N	SL	5	82 00	0 00	0 00	82 00	0 00	82 00
16	1	CAMERA	07/01/89	N	SL	5	75 00	0 00	0 00	75 00	0 00	75 00
17	1	3 TELEPHONES	07/01/90	N	SL	5	570 00	0 00	0 00	570 00	0 00	570 00
18	1	2 STORAGE CABINETS	07/01/90	N	SL	5	240 00	0 00	0 00	240 00	0 00	240 00
19	1	ANSWERING MACHIN	07/01/91	N	SL	5	180 00	0 00	0 00	180 00	0 00	180 00
20	1	FOLDING CHAIRS & M	07/01/92	N	SL	5	2,622 00	0 00	0 00	2,622 00	0 00	2,622 00
21	1	KITCHEN EQUIPMEN	07/01/92	N	SL	5	19,627 00	0 00	0 00	19,627 00	0 00	19,627 00
22	1	COMPUTER	07/01/93	N	SL	5	3,554 00	0 00	0 00	3,554 00	0 00	3,554 00
23	1	TELEPHONE SYSTEM	02/01/94	N	SL	5	3,710 00	0 00	0 00	3,710 00	0 00	3,710.00
24	1	COMPUTER	07/01/95	N	SL	5	1,057 00	0 00	0 00	1,057.00	0 00	1,057 00
25	1	COMPUTER	07/01/95	N	SL	5	1,100 00	0 00	0 00	1,100 00	0 00	1,100 00
26	1	SIGN	07/01/96	N	SL	5	1,950.00	0 00	0 00	1,950 00	0 00	1,950 00
27	1	FRONT DESK	06/05/97	N	SL	5	906.40	0 00	0 00	906 40	0 00	906 40
28	1	TABLE/CHAIRS	04/12/97	N	SL	5	1,266 96	0 00	0 00	1,266 96	0 00	1,266 96
29	1	OFFICE FURNITURE	03/26/97	N	SL	5	629.46	0 00	0 00	629.46	0 00	629.46
30	1	MOBILE TABLE	04/04/97	N	SL	5	479.01	0 00	0 00	479 01	0 00	479.01
31	1	FURNITURE	01/28/97	N	SL	5	378 00	0 00	0 00	378 00	0 00	378.00
32	1	COMPUTER	03/27/98	N	SL	5	1,598 98	0 00	0 00	1,598 98	0 00	1,598 98
33	1	COMPUTER	06/05/98	N	SL	5	2,223.95	0 00	0 00	2,223 95	0 00	2,223.95
34	1	LAPTOP COMPUTER	02/23/99	N	SL	5	1,779 99	0 00	0 00	1,779.99	0 00	1,779.99
35	1	COMPUTER	06/25/99	N	SL	5	1,175 89	0 00	0 00	1,175 89	0 00	1,175.89
36	1	PRINTER	06/25/99	N	SL	5	246 67	0 00	0 00	246 67	0 00	246 67
37	1	DESKTOP COMPUTER	11/10/00	N	SL	5	749.94	0 00	0 00	749 94	0 00	749.94
38	1	COMPUTER MONITO	11/10/00	N	SL	5	199 99	0 00	0 00	199 99	0 00	199 99
39	1	HP PRINTER PSC500	11/10/00	N	SL	5	299 99	0 00	0 00	299 99	0 00	299 99
40	1	MODULAR OFFICE FU	02/18/01	N	SL	5	6,100 00	0 00	0 00	6,100.00	0 00	6,100.00
41	1	DELL COMPUTERS (B	05/16/01	N	SL	5	2,601 78	0 00	0 00	2,601 78	0 00	2,601 78
42	1	Dell Computer	10/15/02	N	SL	5	1,100 94	0 00	0 00	1,100 94	0 00	1,100 94
43	1	REFRIGERATOR	01/29/03	N	SL	5	505.00	0 00	0 00	505 00	0 00	505.00
44	1	REFRIGERATOR	01/29/03	N	SL	5	505 00	0 00	0 00	505 00	0 00	505.00
45	1	REFRIGERATOR	01/29/03	N	SL	5	1,010 00	0 00	0 00	1,010 00	0 00	1,010.00
46	1	MULTI MEDIA LCD P	04/17/03	N	SL	5	3,500 00	0 00	0 00	3,500 00	0 00	3,500.00
47	1	35 SITTING CHAIRS JU	05/06/03	U	SL	5	1,750 00	0 00	0 00	1,750 00	0 00	1,750 00
48	1	2 COMPUTERS JUDGE	05/06/03	U	SL	5	300 00	0 00	0 00	300 00	0 00	300 00
49	1	6 WORKSTATIONS JU	05/06/03	U	SL	5	2,700 00	0 00	0 00	2,700 00	0 00	2,700 00
50	1	5 OFFICE CHAIRS JUD	05/06/03	U	SL	5	625 00	0 00	0 00	625 00	0 00	625 00
51	1	10 PARTITIONS JUDG	05/06/03	U	SL	5	500 00	0 00	0 00	500 00	0 00	500 00
52	1	EXTERIOR SIGN AND	03/05/03	N	SL	5	672 55	0 00	0 00	672 55	0 00	672 55
53	1	FIRE ALARM NET OF	11/20/03	N	SL	5	378.15	0 00	0 00	378 15	0 00	378 15
54	1	DELL DIMENSION 460	05/06/04	N	SL	5	759 00	0 00	0 00	683 10	75 90	759 00
55	1	DELL DIMENSION 460	05/06/04	N	SL	5	759 00	0 00	0 00	683 10	75 90	759 00

3/28/2010  
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**COMMUNITY VOLUNTEER SERVICE**  
Federal ID #: 41-0967271  
Asset Summary - Book Basis  
Period Ended 12/31/09

Company: CVS  
Page: 2

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1 (Continued)												
56	1	WATER SOFTENER	07/08/04	N	SL	5	978 00	0 00	0 00	880 20	97 80	978 00
57	1	DELL INSPIRON 9100	10/07/04	N	SL	5	1,366 00	0.00	0 00	1,229 40	136 60	1,366 00
58	1	DELL DIMENSION 460	10/07/04	N	SL	5	758 00	0 00	0 00	682 20	75 80	758 00
59	1	DELL DIMENSION 460	01/07/05	N	SL	5	1,035 95	0 00	0 00	725 17	207 19	932 36
60	1	DELL COMPUTER	01/27/05	N	SL	5	857 00	0 00	0 00	599.90	171 40	771.30
61	1	DELL LAPTOPS TAX	01/27/05	N	SL	5	2,531 10	0 00	0 00	1,771 77	506 22	2,277 99
62	1	NEW TELEPHONE SY	02/28/05	N	SL	5	7,373.62	0 00	0 00	5,161 52	1,474 72	6,636 24
63	1	DELL COMPUTER	06/29/05	N	SL	5	1,159 50	0 00	0 00	811 65	231 90	1,043 55
64	1	TV BAYPORT SC	09/28/05	N	SL	5	244 36	0 00	0 00	171 05	48.87	219 92
65	1	DIGITAL CAMERA	12/27/05	N	SL	5	198 54	0 00	0 00	138.98	39 71	178 69
66	1	NEW GARBAGE DISPO	12/27/05	N	SL	5	1,630 35	0 00	0 00	1,141 25	326 07	1,467 32
67	1	DELL NOTEBOOK	02/21/06	N	SL	5	1,021 00	0 00	0 00	510 50	204 20	714 70
68	1	DELL NOTEBOOK	02/21/06	N	SL	5	1,021 00	0 00	0 00	510 50	204 20	714 70
69	1	DELL COMPUTER	06/28/06	N	SL	5	868 00	0 00	0 00	434 00	173.60	607.60
70	1	DELL COMPUTER	06/26/06	N	SL	5	868 00	0 00	0 00	430 00	173 60	603 60
71	1	DELL LAPTOP TAX P	03/07/07	N	SL	5	1,935 25	0 00	0 00	580 58	387 05	967 63
72	1	SERVER TOWER/SOFT	03/28/07	N	SL	5	8,897 69	0 00	0 00	2,669 31	1,779 54	4,448 85
73	1	CANON PRINTER (TA	01/24/08	N	SL	5	245 55	0 00	0 00	24 56	49 11	73 67
74	1	DELL LAPTOP (TAX)	02/13/08	N	SL	5	767 00	0 00	0 00	76.70	153 40	230 10
75	1	FAX MACHINE (TAX)	04/23/08	N	SL	5	373 63	0 00	0 00	37.36	74 73	112.09
76	1	CANON PRINTERS (T	05/28/08	N	SL	5	556 08	0 00	0 00	55 61	111 22	166.83
77	1	3 LAPTOPS (TAX)	12/28/08	N	SL	5	1,754 00	0 00	0 00	175 40	350.80	526 20
78	1	TRAINING TABLES (T	12/31/08	N	SL	5	2,509 60	0 00	0 00	250 96	501.92	752 88
79	1	HP DESKTOP TAX	10/21/09	N	SL	5	857 45	0 00	0 00	0 00	85 75	85 75
80	1	2 NOTEBOOKS TAX	10/21/09	N	SL	5	1,926 91	0 00	0 00	0 00	192 69	192.69
Group # 1 Total							<u>119,477 23</u>	<u>0 00</u>	<u>0 00</u>	<u>96,660 42</u>	<u>7,909 89</u>	<u>104,570 31</u>
Group # 2												
1	1	REMODELING	12/01/92	R	SL	30	32,622 00	0.00	0 00	17,489.02	1,087 40	18,576 42
2	1	BUILDING ADDITION/	06/10/97	R	SL	25	186,733 50	0 00	0 00	85,897 41	7,469 34	93,366.75
Group # 2 Total							<u>219,355 50</u>	<u>0 00</u>	<u>0 00</u>	<u>103,386 43</u>	<u>8,556 74</u>	<u>111,943 17</u>
Group # 3												
1	1	BUILDING	12/29/05	R	SL	40	277,960 77	0 00	0 00	21,426 14	6,949 02	28,375.16
Group # 3 Total							<u>277,960 77</u>	<u>0 00</u>	<u>0 00</u>	<u>21,426 14</u>	<u>6,949 02</u>	<u>28,375.16</u>
Group # 4												
1	1	LAND	12/29/05	R	SL		75,000 00	0 00	0 00	0 00	0 00	0 00
Group # 4 Total							<u>75,000 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>
Grand Total							<u>691,793.50</u>	<u>0.00</u>	<u>0.00</u>	<u>221,472.99</u>	<u>23,415.65</u>	<u>244,888.64</u>