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Extended to 8/15/11

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

| | | | | | |
|---|--|---|--|--|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Please use IRS label or print or type. See specific instructions. OPERATION THRESHOLD 1535 LAFAYETTE ST., P.O. BOX 4120 WATERLOO, IA 50704 | | D Employer Identification Number 42-0982549 | |
| | | E Telephone number 319-291-2065 | | G Gross receipts \$ 15,897,440. | |
| F Name and address of principal officer SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) | | H(c) Group exemption number | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: WWW.OPERATIONTHRESHOLD.ORG | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of Formation 1965 | | M State of legal domicile IA | |

| | | |
|--|--|--|
| Part I Summary | | |
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities <u>OPERATION THRESHOLD WILL COLLABORATE, EDUCATE AND PROVIDE SERVICES TO HELP MEET THE BASIC NEEDS OF PEOPLE AND CREATE OPPORTUNITIES FOR SELF-SUFFICIENCY.</u> | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 | |
| | 5 Total number of employees (Part V, line 2a) 75 | |
| | 6 Total number of volunteers (estimate if necessary) 1,020 | |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. | |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 0. | |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) 11,643,474. |
| | | 9 Program service revenue (Part VIII, line 2g) 302,678. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,616. | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,200. | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,976,968. | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,402,062. | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,222,690. | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,394,359. | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,414,702. | | |
| 16b Total fundraising expenses (Part IX, column (D), line 25) 119,948. | | |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,198,732. | |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,488,968. | |
| | 19 Revenue less expenses Subtract line 18 from line 12 11,995,153. | |
| | 20 Total assets (Part X, line 16) -18,185. | |
| | 21 Total liabilities (Part X, line 26) 1,715,334. | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 2,826,332. | |
| | Beginning of Year 5,994,773. | |
| | End of Year 908,434. | |
| | 1,917,898. | |
| | 3,632,439. | |

| | |
|---|---|
| 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. | |
| Signature of officer <i>Leian Kammeyer</i> | Date 8/4/11 |
| Type or print name and title Leian Kammeyer, Deputy Director | |
| Preparer's signature Kelly M. Weiners, CPA | Date 8/2/11 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717 | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00735844 |
| EIN 42-0731256 Phone no 515-223-0002 | |

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
OPERATION THRESHOLD WILL COLLABORATE, EDUCATE AND PROVIDE SERVICES TO HELP MEET THE
BASIC NEEDS OF PEOPLE AND CREATE OPPORTUNITIES FOR SELF-SUFFICIENCY.
- 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 \$ 4,536,663. including grants of \$ 3,397,012.) (Revenue \$)
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN - PROGRAM
PROVIDES NUTRITIONAL ASSISTANCE AND EDUCATION TO ELIGIBLE LOW INCOME WOMEN WHO ARE
PREGNANT, ARE BREASTFEEDING MOTHERS OR WHO HAVE AN INFANT CHILD UNDER THE AGE OF FIVE
YEARS. IN FY 2010, THE PROGRAM SERVED APPROXIMATELY 9,198 PARTICIPANTS IN ITS
SIX-COUNTY SERVICE AREA. PROGRAM INCLUDES \$3,397,012 OF NONCASH WIC VOUCHERS
PROVIDED DIRECTLY TO ELIGIBLE PARTICIPANTS BY THE IOWA DEPARTMENT OF PUBLIC HEALTH.

4b (Code) (Expenses \$ 3,751,972. including grants of \$ 3,381,880.) (Revenue \$)
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM - PROGRAM PROVIDES ELIGIBLE LOW-INCOME
HOUSEHOLDS WITH A ONE-TIME PER YEAR PAYMENT TO ASSIST WITH THE COST OF HEATING THEIR
HOMES DURING THE WINTER. IN FY 2010 THE PROGRAM PROVIDED ASSISTANCE TO
APPROXIMATELY 5,592 HOUSEHOLDS IN THE ORGANIZATION'S THREE-COUNTY SERVICE AREA.

4c (Code) (Expenses \$ 2,168,228. including grants of \$ 1,105,534.) (Revenue \$)
WEATHERIZATION ASSISTANCE PROGRAM - PROGRAM PROVIDES RESOURCES TO INCREASE THE ENERGY
EFFICIENCY OF HOMES FOR QUALIFYING LOW INCOME HOUSEHOLDS AND TO REDUCE THE HEATING
AND COOLING COSTS FOR ELIGIBLE HOUSEHOLDS BY INSTALLING INSULATION,
REPAIRING/REPLACING FURNACES AND/OR WATER HEATERS, AND REPLACING REFRIGERATORS AND
FREEZERS WHEN NECESSARY. IN FY 2010, THE PROGRAM WEATHERIZED 289 HOMES, REPAIRED 107
FURNACES, REPLACED 125 FURNACES, REPAIRED 51 WATER HEATERS, REPLACED 103 WATER
HEATERS, REPLACED 80 REFRIGERATORS, REPLACED 32 FREEZERS, AND CONDUCTED HEALTH AND
SAFETY INSPECTIONS ON 257 HOMES, AMONG OTHER THINGS.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O
(Expenses \$ 3,269,673. including grants of \$ 1,338,264.) (Revenue \$ 306,308.)

4e Total program service expenses ▶ 13,726,536.

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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 | |
| • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | | |
| • 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 | | |
| • 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 | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | | |
| • 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 | | |
| 12 Did the organization obtain separate, independent audited financial statement 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 statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional | Yes | No |
| 12 A | | 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 |
|---|-----|----|
| 21 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 | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | X | |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-------------|--|------|----|
| 1 a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable | 1 a | 72 |
| 1 b | Enter the number of Forms W-2G included in line 1 a. Enter -0- if not applicable | 1 b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2 a | 75 |
| 2 b | If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return (see instructions) | 2 b | X |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3 a | X |
| 3 b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3 b | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | X |
| 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 | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | X |
| 5 c | If 'Yes,' to line 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5 c | |
| 6 a | 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? | 6 a | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | 6 b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | 7 a | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7 h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9 a | |
| b | Did the organization make any distribution to a donor, donor advisor, or related person? | 9 b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10 a | |
| b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from other members or shareholders | 11 a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11 b | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12 b | |

BAA

Form 990 (2009)

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 |
|--|-----|----|
| 1 a Enter the number of voting members of the governing body | 13 | |
| 1 b Enter the number of voting members that are independent | 13 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its 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 |
| 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O | X | |
| 7 b 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: | | |
| 8 a The governing body? | X | |
| 8 b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director or 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 |
|--|-----|----|
| 10 a Does the organization have local chapters, branches, or affiliates? | X | |
| 10 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? | X | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O | | |
| 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | X | |
| 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | X |
| 12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O | 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? | | |
| 15 a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O | X | |
| 15 b Other officers or key employees of the organization SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | X | |
| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16 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. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ IA

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 SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ BARBARA A GRANT 1535 LAFAYETTE ST WATERLOO IA 50704 319-291-2065

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**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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 | | | |
| MIKE FERRETER DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| BARRY HASKINS VICE CHAIR | 0.6 | X | | X | | | | 0. | 0. | 0. |
| BARBARA SMITH TREASURER | 0.6 | X | | X | | | | 0. | 0. | 0. |
| SCOTT JORDAN DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| ALLEN RICKS DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| REV. LARRY DOUGHAN DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| DENISE HAWKER DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| BRIAN QUIRK CHAIRPERSON | 0.6 | X | | X | | | | 0. | 0. | 0. |
| SALINA BREDOW SECRETARY | 0.6 | X | | X | | | | 0. | 0. | 0. |
| DANIELLE ENGLE DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| CLYDE MOORE DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| LAROLA VAN ARSDALE DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| DORTHY MCGRANE DIRECTOR | 0.6 | X | | | | | | 0. | 0. | 0. |
| BARBARA A GRANT EXECUTIVE DIREC | 40 | | | X | | | | 75,661. | 0. | 16,440. |
| LEIAN KAMMEYER DEPUTY DIR/FISC | 40 | | | X | | | | 51,765. | 0. | 19,249. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | 1 a Federated campaigns | 1 a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) | 1 e 14,081,464. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 1,489,883. | | | | | |
| | g Noncash contribns included in lns 1a-1f | \$ 3,477,348. | | | | | |
| | h Total. Add lines 1a-1f | | 15,571,347. | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | | | |
| | 2 a LOW-INCOME HOUSNG RENTAL | 900099 | 306,308. | 306,308. | | | |
| | b ----- | | | | | | |
| | c ----- | | | | | | |
| | d ----- | | | | | | |
| | e ----- | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 306,308. | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 3,158. | | | 3,158. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 12,555. | | | | |
| | | b Less cost or other basis and sales expenses | | 55,746. | | | |
| | | c Gain or (loss) | | -43,191. | | | |
| | d Net gain or (loss) | | -43,191. | | | -43,191. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | 10 a 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 | | Business Code | | | | | |
| 11 a MISCELLANEOUS | 900099 | 4,072. | | | 4,072. | | |
| b ----- | | | | | | | |
| c ----- | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 4,072. | | | | | |
| 12 Total revenue. See instructions | | 15,841,694. | 306,308. | 0. | -35,961. | | |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | 9,222,690. | 9,222,690. | | |
| 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 | 159,909. | 0. | 111,937. | 47,972. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 2,499,646. | 2,453,448. | 32,339. | 13,859. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 156,745. | 145,601. | 7,800. | 3,344. |
| 9 Other employee benefits | 386,260. | 354,358. | 22,331. | 9,571. |
| 10 Payroll taxes | 212,142. | 186,343. | 18,060. | 7,739. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 12,728. | 11,180. | 1,084. | 464. |
| c Accounting | 27,965. | 24,564. | 2,381. | 1,020. |
| d Lobbying | | | | |
| e Prof fundraising svcs. See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | 303,435. | 299,185. | 2,975. | 1,275. |
| 12 Advertising and promotion | 8,145. | 7,154. | 693. | 298. |
| 13 Office expenses | | | | |
| 14 Information technology | 40,952. | 35,972. | 3,486. | 1,494. |
| 15 Royalties | | | | |
| 16 Occupancy | 252,059. | 221,886. | 21,120. | 9,053. |
| 17 Travel | 34,276. | 30,108. | 2,918. | 1,250. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,071. | 11,071. | | |
| 20 Interest | 23,320. | 23,320. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 95,172. | 83,598. | 8,102. | 3,472. |
| 23 Insurance | 55,200. | 48,487. | 4,699. | 2,014. |
| 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 SUPPLIES | 271,381. | 239,721. | 22,161. | 9,499. |
| b EQUIPMENT RENTAL & MAINTENANCE | 95,140. | 83,570. | 8,099. | 3,471. |
| c STAFF TRAINING | 66,842. | 66,842. | | |
| d TELEPHONE | 44,812. | 39,362. | 3,815. | 1,635. |
| e POSTAGE AND SHIPPING | 39,664. | 34,840. | 3,377. | 1,447. |
| f All other expenses | 106,806. | 103,236. | 2,499. | 1,071. |
| 25 Total functional expenses. Add lines 1 through 24f | 14,126,360. | 13,726,536. | 279,876. | 119,948. |
| 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 |
|--|--|--------------------------|------------|--------------------|
| ASSETS | 1 Cash — non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 510,385. | 2 | 698,357. |
| | 3 Pledges and grants receivable, net | 768,685. | 3 | 1,517,427. |
| | 4 Accounts receivable, net | | 4 | |
| | 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 | 11,684. | 7 | 12,803. |
| | 8 Inventories for sale or use | 327,809. | 8 | 478,138. |
| | 9 Prepaid expenses and deferred charges | 52,603. | 9 | 50,311. |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 4,019,116. | | |
| | b Less accumulated depreciation | 10b 795,350. | 1,140,403. | 10c 3,223,766. |
| | 11 Investments — publicly-traded securities | 14,763. | 11 | 13,971. |
| | 12 Investments — other securities See Part IV, line 11 | | 12 | |
| | 13 Investments — program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | | 15 | |
| 16 Total assets Add lines 1 through 15 (must equal line 34) | 2,826,332. | 16 | 5,994,773. | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 261,529. | 17 | 1,149,617. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 50,832. | 19 | 182,403. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 25,348. | 21 | 22,800. |
| | 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 | 340,679. | 23 | 777,468. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 230,046. | 25 | 230,046. |
| | 26 Total liabilities Add lines 17 through 25 | 908,434. | 26 | 2,362,334. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,108,626. | 27 | 1,115,900. |
| | 28 Temporarily restricted net assets | 809,272. | 28 | 2,516,539. |
| | 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, and equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 1,917,898. | 33 | 3,632,439. |
| 34 Total liabilities and net assets/fund balances | 2,826,332. | 34 | 5,994,773. | |

BAA

Form 990 (2009)

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 | | X |
| 2b | X | |
| 2c | X | |
| | | |
| | | |
| 3a | X | |
| 3b | X | |

BAA

Form 990 (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 |
|--|------------|------------|------------|-----------|-----------|-------------|
| 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.) | 6,439,767. | 4,783,051. | 9,600,820. | 11643474. | 15571347. | 48,038,459. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf... | | | | | | 0. |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | 0. |
| 4 Total. Add lines 1-through 3 | 6,439,767. | 4,783,051. | 9,600,820. | 11643474. | 15571347. | 48,038,459. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 48,038,459. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|------------|------------|------------|-----------|-----------|-------------|
| 7 Amounts from line 4 | 6,439,767. | 4,783,051. | 9,600,820. | 11643474. | 15571347. | 48,038,459. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,634. | 8,263. | 7,740. | 14,616. | 3,158. | 45,411. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV | 2,581. | 7,861. | 6,765. | 16,200. | 4,072. | 37,479. |
| 11 Total support. Add lines 7 through 10 | | | | | | 48,121,349. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,681,319. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)). | 14 | 99.8 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 99.7 % |

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

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 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

This image shows a full page of primary-ruled paper. It features multiple sets of horizontal dashed lines spaced evenly down the page, providing a guide for handwriting practice. The background is white, and there are no margins or additional markings present.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

OPERATION THRESHOLD

42-0982549

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 may 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 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 tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement 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 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.

- 1 a 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 VII, 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 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 Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | 0. |

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 SEE 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

| | Yes | No |
|--|-----|----|
| 3a(i) unrelated organizations | | |
| 3a(ii) related organizations | | |
| 3b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | | |

- (i) unrelated organizations
 (ii) related organizations

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 | | 83,740. | | 83,740. |
| b Buildings | | 1,615,434. | 693,086. | 922,348. |
| c Leasehold improvements | | | | |
| d Equipment | | 194,855. | 102,264. | 92,591. |
| e Other | | 2,125,087. | | 2,125,087. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 3,223,766. |

BAA

Schedule D (Form 990) 2009

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

| | | |
|----|---|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 15,841,694. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 14,126,360. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 1,715,334. |
| 4 | Net unrealized gains (losses) on investments | -793. |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net) Add lines 4 through 8 | -793. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 1,714,541. |

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 | 15,839,755. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -793. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) SEE PART XIV | 2d | 43,191. |
| e | Add lines 2a through 2d | 2e | 42,398. |
| 3 | Subtract line 2e from line 1 | 3 | 15,797,357. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) SEE PART XIV | 4b | 44,337. |
| c | Add lines 4a and 4b | 4c | 44,337. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 15,841,694. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 14,125,214. |
| 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) SEE PART XIV | 2d | 43,191. |
| e | Add lines 2a through 2d | 2e | 43,191. |
| 3 | Subtract line 2e from line 1 | 3 | 14,082,023. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) SEE PART XIV | 4b | 44,337. |
| c | Add lines 4a and 4b | 4c | 44,337. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 14,126,360. |

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 IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

LIABILITY CONSISTS OF SECURITY DEPOSITS RECEIVED FROM TENANTS AS PART OF THE ORGANIZATION'S RENTAL HOUSING PROGRAMS. IF A TENANT'S SECURITY DEPOSIT HAS BEEN HELD FOR FIVE YEARS, THE ORGANIZATION PAYS THE TENANT INTEREST ON THE DEPOSIT AT THE CURRENT BANK RATE.

PART X - FIN 48 FOOTNOTE

ON OCTOBER 1, 2009, THE ORGANIZATION ADOPTED FASB ASC 740-10, UNCERTAIN TAX POSITIONS, WHICH REQUIRES EVALUATION OF THE IMPACT OF UNCERTAIN TAX POSITIONS TAKEN

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

OR EXPECTED TO BE TAKEN IN A TAX RETURN AND MAY REQUIRE RECOGNITION OF A LIABILITY
RELATED TO THOSE POSITIONS. AT SEPTEMBER 30, 2010, THE ORGANIZATION HAD NO
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| BREAST PUMPS | 156 | | 11,145 | ACTUAL COST | BREAST PUMPS |
| CRISIS AND EMERGENCY ASSISTANCE | 835 | 206,549 | | | |
| CSBG ASSET DEVELOPMENT AND RETENTION | 454 | 307,603 | | | |
| HOMELESS PREVENTION AND RAPID RE-HOUSING | 288 | 561,320 | | | |
| LOW INCOME HOME ENERGY ASSISTANCE PROGR. | 5,592 | 3,381,880 | | | |
| OTHER ASSISTANCE TO INDIVIDUALS | 2,972 | 126,549 | 44,337 | STATED VALUE | FOOD, CLOTHING, SUPPLIES |
| TENANT BASED RENTAL ASSISTANCE | 112 | 80,761 | | | |

Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information**PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED**

SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSISTANCE TO INDIVIDUALS IS MADE IN

COMPLIANCE WITH TERMS OF WRITTEN GRANT AGREEMENTS BETWEEN THE ORGANIZATION AND

FEDERAL OR STATE FUNDERS. THESE WRITTEN GRANT AGREEMENTS BETWEEN THE ORGANIZATION

AND ITS FUNDERS SET FORTH THE ELIGIBILITY AND OTHER CRITERIA UNDER WHICH THE

ORGANIZATION PROVIDES ASSISTANCE TO INDIVIDUALS, AND ALSO SET FORTH REQUIREMENTS FOR

MONITORING THE USE OF ITS ALLOCATIONS TO INDIVIDUALS. MANAGEMENT OF THE ORGANIZATION

MONITORS THE USE OF ITS ALLOCATIONS TO INDIVIDUALS BY COMPLYING WITH THE TERMS OF

THESE WRITTEN AGREEMENTS, INCLUDING PARTICIPATING IN REQUIRED TRAININGS, DEVELOPING

AND MAINTAINING AN APPROPRIATE INTERNAL CONTROL SYSTEM OVER ALLOCATIONS AND

ELIGIBILITY, AND REQUIRING APPROPRIATE DOCUMENTATION FROM INDIVIDUALS TO SUPPORT

BAA

Schedule I (Form 990) 2009

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

OPERATION THRESHOLD

Employer identification number

42-0982549

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 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 9,842. | STATED VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution— Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | X | 1 | 35,999. | COMPARATIVE VA |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (SEE PART II _____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |

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

0

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 | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M - ADDITIONAL INFORMATION

WIC FOOD VOUCHERS FOR DISTRIBUTION TO QUALIFYING ELIGIBLE INDIVIDUALS UNDER THE U.S. DEPARTMENT OF AGRICULTURE'S SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (CFDA NO. 10.557). THESE VOUCHERS ARE PASSED THROUGH THE IOWA DEPARTMENT OF PUBLIC HEALTH. THE ORGANIZATION HAS PROVIDED THE NUMBER OF VOUCHERS IN COLUMN B.

FOR PART I, COLUMN B, THE ORGANIZATION HAS PROVIDED THE NUMBER OF ITEMS CONTRIBUTED.

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

OPERATION THRESHOLD

Employer identification number

42-0982549

FORM 990, PART IV, LINE 9

EXPLANATION OF CREDIT COUNSELING SERVICES PROVIDED - THE ORGANIZATION PROVIDES CREDIT COUNSELING AND DEBT NEGOTIATION SERVICES TO ELIGIBLE INDIVIDUALS UNDER FEDERAL GRANTS INCLUDING HUD COUNSELING (CFDA NO. 14.169, FUNDED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND PASSED THROUGH THE IOWA FINANCE AUTHORITY), NATIONAL FORECLOSURE MITIGATION COUNSELING (CFDA NO. 21.000, FUNDED BY THE U.S. DEPARTMENT OF TREASURY AND PASSED THROUGH NEIGHBORWORKS AMERICA), AND OTHER NONFEDERAL-SOURCED GRANTS. GRANT AGREEMENTS SET FORTH ELIGIBILITY, SERVICE AND OTHER CRITERIA AND ARE SUBJECT TO GRANTOR REVIEW.

FORM 990, PART VII, SECTION B, LINE 1

KEITH BERGMEIER AND JIM BERGMEIER CONSTRUCTION RECEIVED PAYMENTS FOR INSULATION AND OTHER WEATHERIZATION SERVICES PROVIDED TO ELIGIBLE LOW-INCOME HOUSEHOLDS UNDER VARIOUS FEDERAL AND STATE GOVERNMENTAL GRANTS PASSED THROUGH THE IOWA DEPARTMENT OF HUMAN RIGHTS. PAYMENTS FOR WEATHERIZATION SERVICES UNDER THESE GRANTS ARE MADE PURSUANT TO A FLAT RATE SCHEDULE ESTABLISHED BY THE STATE OF IOWA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMM. SERVICES BLOCK GRANT - PROVIDES FUNDING FOR THE ADMINISTRATION OF HUMAN SERVICES PROGRAMS OR PROVIDES DIRECT SUPPORT TO INDIVIDUAL PROGRAMS WHICH REQUIRE CO-FUNDING TO COMPLETE THEIR ACTIVITIES.

HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM - THIS PROGRAM IS FUNDED UNDER CFDA NO. 14.257 BY THE US DEPT OF HOUSING AND URBAN DEVELOPMENT AND PASSED THROUGH THE IOWA FINANCE AUTHORITY AND THE CITY OF WATERLOO. THE PROGRAM IS FOCUSED ON HOUSING FOR HOMELESS AND AT-RISK INDIVIDUALS AND PROVIDES TEMPORARY FINANCIAL ASSISTANCE AND HOUSING RELOCATION AND STABILIZATION SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR WOULD BE HOMELESS BUT FOR THIS ASSISTANCE.

Name of the organization

Employer identification number

OPERATION THRESHOLD

42-0982549

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

OTHER PROGRAMS - OTHER PROGRAMS PROVIDING VARIOUS BENEFITS INCLUDING DIRECT ASSISTANCE INCLUDING CRISIS AND EMERGENCY ASSISTANCE TO ELIGIBLE LOW-INCOME INDIVIDUALS.

HOUSING RENTAL PROGRAMS - PROGRAM MANAGES VARIOUS HOUSING AND APARTMENT UNITS FOR USE BY ELIGIBLE FAMILIES.

OUTREACH OFFICES - ORGANIZATION MAINTAINS OUTREACH OFFICES IN EACH OF THE AREAS SERVED.

EARLY HEAD START CONTRACTUAL SERVICES - THE ORGANIZATION PROVIDES HOME-BASED EARLY HEAD START SERVICES UNDER A CONTRACTED SERVICES AGREEMENT WITH TRI-COUNTY CHILD & FAMILY DEVELOPMENT COUNCIL, INC. THESE SERVICES HELP PROMOTE SCHOOL READINESS BY ENHANCING THE SOCIAL AND COGNITIVE DEVELOPMENT OF ELIGIBLE CHILDREN AND FAMILIES IN SPECIFIC COUNTIES.

FAMILY DEVELOPMENT AND SELF-SUFFICIENCY PROGRAM - PROGRAM PROVIDES FAMILY DEVELOPMENT AND SELF-SUFFICIENCY COUNSELING ASSISTANCE TO LOW INCOME HOUSEHOLDS.

FORECLOSURE PREVENTION PROGRAM - PROVIDES FORECLOSURE COUNSELING SERVICES INCLUDING HOUSING AND LOSS MITIGATION COUNSELING TO HOMEOWNERS IN IOWA.

STORK'S NEST - PROGRAM PROVIDES AN INCENTIVE-BASED PRENATAL EDUCATION PROGRAM BENEFITING ELIGIBLE EXPECTANT MOTHERS AND THEIR BABIES.

Name of the organization

Employer identification number

OPERATION THRESHOLD

42-0982549

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

FAMILY NEST - PROGRAM PROVIDES PARENT EDUCATION TO PROMOTE CHILD HEALTH AND WELL-BEING TO ELIGIBLE FAMILIES WITH CHILDREN UP TO 18 YEARS OLD.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THREE COUNTY BOARDS OF SUPERVISORS AND TWO CITIES WITHIN THE ORGANIZATION'S SERVICE AREA MAY APPOINT REPRESENTATIVES TO THE ORGANIZATION'S BOARD OF DIRECTORS. THESE BOARD MEMBERS HAVE THE SAME RIGHTS, RESPONSIBILITIES, AND AUTHORITIES AS OTHER MEMBERS.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

DEPUTY DIRECTOR AND CPA FIRM COMPLETE THE FORM 990, THEN EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR REVIEWS COMPLETED FORM PRIOR TO FILING. COMPLETE RETURN IS PROVIDED TO ALL MEMBERS OF THE BOARD. RETURN IS FORMALLY REVIEWED AND APPROVED AT NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL STAFF AND BOARD MEMBERS ARE COVERED UNDER THE PERSONNEL POLICIES AND/OR BYLAWS. THE EXECUTIVE DIRECTOR DETERMINES WHETHER CONFLICTS OF INTEREST EXIST WITH STAFF AND DIRECTS THE IMPLEMENTATION OF ANY RESTRICTIONS. BUSINESS DEALINGS INVOLVING BOARD MEMBERS, WHERE THE SELECTION IS SOLELY BASED UPON BIDS, AND THE BOARD MEMBER HAS NO ABILITY TO INFLUENCE THE DECISION-MAKING PROCESS, ARE HANDLED BY THE EXECUTIVE DIRECTOR. ALL OTHER POTENTIAL SITUATIONS REGARDING BOARD MEMBERS ARE HANDLED BY THE BOARD. BOARD MEMBERS MAY NOT PARTICIPATE IN DECISIONS WHERE THEY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

Name of the organization

Employer identification number

OPERATION THRESHOLD

42-0982549

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS ANALYZES COMPENSATION DATA

INCLUDING THE IOWA COMMUNITY ACTION WAGE AND BENEFIT SURVEY, LOCAL DATA, THE COST OF

LIVING ADJUSTMENTS AND MERIT INCREASES AUTHORIZED FOR ALL AGENCY STAFF WHEN MAKING A

RECOMMENDATION TO THE FULL BOARD ON THE EXECUTIVE DIRECTOR'S COMPENSATION. THIS

PROCESS IS COMPLETED ANNUALLY FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

ANNUALLY, THE PERSONNEL COMMITTEE CHAIR REVIEWS THE ACTUAL WAGES AS COMPARED TO THE

WAGE SCALE SET BY THE BOARD OF DIRECTORS FOR MANAGEMENT STAFF.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST, AND ARE ALSO AVAILABLE FROM THE

IOWA SECRETARY OF STATE. REQUESTS FOR OTHER INFORMATION ARE EVALUATED ON A

CASE-BY-CASE BASIS.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 168289

OPERATION THRESHOLD

42-0982549

8/02/11

10 46AM

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | 2009 | 2008 | 2007 | 2006 | 2005 |
|-------------------|------------------|-------------------|------------------|------------------|------------------|
| MISCELLANEOUS | 4,072. | 16,200. | 6,765. | 7,861. | 2,581. |
| TOTAL | <u>\$ 4,072.</u> | <u>\$ 16,200.</u> | <u>\$ 6,765.</u> | <u>\$ 7,861.</u> | <u>\$ 2,581.</u> |

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION **PAGE 4**

CLIENT 168289

OPERATION THRESHOLD

42-0982549

8/02/11

10 46AM

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

LOSS ON FIXED ASSETS NETTED W/REV

TOTAL \$ 43,191.
\$ 43,191.

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

OTHER NONCASH CONTRIBUTIONS

TOTAL \$ 44,337.
\$ 44,337.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

LOSS ON FIXED ASSETS NETTED W/REV

TOTAL \$ 43,191.
\$ 43,191.

SCHEDULE D, PART XIII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

OTHER NONCASH CONTRIBUTIONS

TOTAL \$ 44,337.
\$ 44,337.

2009

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 168289

OPERATION THRESHOLD

42-0982549

8/02/11

10 46AM

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

ALLOCATIONS. IN ADDITION, OF THE AMOUNTS LISTED ABOVE, WIC FOOD VOUCHERS FOR
DISTRIBUTION MAY ONLY BE REDEEMED FOR ELIGIBLE FOOD ITEMS, ASSISTANCE UNDER THE
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM IS SUBSTANTIALLY ALL PAID ON BEHALF OF
ELIGIBLE INDIVIDUALS TO PARTICIPATING UTILITIES, ASSISTANCE UNDER THE WEATHERIZATION
PROGRAM IS SUBSTANTIALLY ALL PAID TO THIRD-PARTY VENDORS WHOSE CONTRACTS WERE AWARDED
ON THE BASIS OF A COMPETITIVE BIDDING PROCESS, AND PAYMENTS MADE ON BEHALF OF
ELIGIBLE PARTICIPANTS FOR TENANT BASED RENTAL ASSISTANCE (TBRA) ARE TYPICALLY MADE
DIRECTLY TO LANDLORDS.

2009

SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 168289

OPERATION THRESHOLD

42-0982549

8/02/11

10 46AM

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

| DESCRIPTION | APPL? | NUMBER OF CONTR. | REVENUE ON FORM 990, PART VIII | METHOD OF DETER. REV. |
|-------------------|-------|------------------|--------------------------------|-----------------------|
| WIC FOOD VOUCHERS | X | 9128 | \$ 3,397,012. | STATED VALUE |
| FOOD | X | 312 | 12,831. | STATED VALUE |
| SCHOOL SUPPLIES | X | 2580 | 5,673. | STATED VALUE |
| TOYS | X | 1056 | 9,813. | STATED VALUE |
| DIAPERS/WIPES | X | 750 | 3,528. | STATED VALUE |
| PROGRAM SUPPLIES | X | 150 | 2,631. | STATED VALUE |
| FANS | X | 1 | 19. | STATED VALUE |

**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 and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | Employer identification number |
| | OPERATION THRESHOLD | 42-0982549 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 405 CHESTNUT ST, P.O. BOX 4120 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | WATERLOO, IA 50703 | |

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-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ► BARBARA A GRANT

Telephone No. ► 319-291-2065 FAX No. ► 319-235-1518

- 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 5/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ☐ calendar year 20__ or
- ☒ tax year beginning 10/01, 20 09, and ending 9/30, 20 10

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. | 3a | \$ 0. |
| 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. | 3b | \$ 0. |
| c Balance Due. 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. | 3c | \$ 0. |

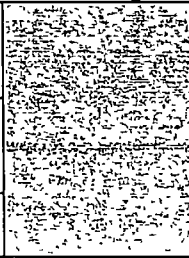
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA 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 |  | Employer identification number |
| | OPERATION THRESHOLD | | 42-0982549 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | | For IRS use only |
| | MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | WEST DES MOINES, IA 50266-6717 | | |

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 (section 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 care of **BARBARA A GRANT**
Telephone No **319-291-2065** FAX No **319-235-1518**
- 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 8/15, 20 11
- 5 For calendar year _____, or other tax year beginning 10/01, 20 09, and ending 9/30, 20 10
- 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 ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | |
|---|-------|
| 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 instrs. | 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 Kellym meiners Title CPA Date 4/29/11