



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

**2010**

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

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

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

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

**G** Gross receipts \$: **569,254**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: **www.communitythreadmn.org**

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

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

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

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <b>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.</b>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	13		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	13		
	6	Total number of volunteers (estimate if necessary)	1200		
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
	7b	Net unrelated business taxable income from Form 990-T, line 34	0		
	8	Contributions and grants (Part VIII, line 1h)	440,735	509,785	
	9	Program service revenue (Part VIII, line 2g)	31,410	12,751	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,279	120	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,447	46,598	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	498,871	569,254	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,217	8,947
		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)	385,453	355,116
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		16b	Total fundraising expenses (Part IX, column (D), line 25) <b>48,896</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	196,266	171,070	
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	585,936	535,133	
	19	Revenue less expenses Subtract line 18 from line 12	-87,065	34,121	
	20	Total assets (Part X, line 16)	556,545	588,615	
	21	Total liabilities (Part X, line 26)	24,844	22,793	
	22	Net assets or fund balances Subtract line 21 from line 20	531,701	565,822	

RECEIVED  
 APR 29 2011  
 OGDEN, UT

**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:** *Jennifer Cates Peterson* Date: **4/25/11**  
**Type or print name and title:** *Jennifer Cates Peterson president*

**Preparer's name:** LEO C. NEUMAN **Preparer's signature:** *Leo C. Neuman* **Date:** 04/19/11 **Check  if self-employed  PTIN:** P00161785

**Firm's name:** LEO C. NEUMAN, LTD. **Firm's EIN:** 41-1681404

**Firm's address:** P.O. BOX 898 STILLWATER, MN 55082-0898 **Phone no:** 651-439-5990

Do you discuss this return with the preparer shown above? (see instructions)  Yes  No

g17 a

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ **219,865** including grants of \$ ) (Revenue \$ )

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

4b (Code ) (Expenses \$ **51,993** 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 \$ **27,814** including grants of \$ **8,947** ) (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 \$ **148,756** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **448,428**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**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, 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 <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		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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-chantable 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>0</b>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>0</b>		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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>13</b>		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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
5a	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
6a	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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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**

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(1) <b>CONNIE FREDKOVE</b> PAST PRESIDENT	2.00	X					0	0	0	
(2) <b>JAMES HINIKER</b> TREASURER	4.00	X		X			0	0	0	
(3) <b>KARLA ANDERSON</b> PRESIDENT ELECT	2.00	X		X			0	0	0	
(4) <b>WILLIAM ARMSTRONG</b> DIRECTOR	2.00	X					0	0	0	
(5) <b>FRED BANISTER</b> DIRECTOR	2.00	X					0	0	0	
(6) <b>JENNIFER CATES PETERSON</b> PRESIDENT	2.00	X		X			0	0	0	
(7) <b>PAUL ERICKSON</b> DIRECTOR	2.00	X					0	0	0	
(8) <b>JOYCE FLYNN</b> DIRECTOR	2.00	X					0	0	0	
(9) <b>AL GODFREY</b> DIRECTOR	2.00	X					0	0	0	
(10) <b>DR. SCOTT EDLIN</b> DIRECTOR	2.00	X					0	0	0	
(11) <b>VIOLA RUSSELL</b> DIRECTOR	2.00	X					0	0	0	
(12) <b>AMY SKARE</b> SECRETARY	2.00	X		X			0	0	0	
(13) <b>KIT RIDGWAY</b> DIRECTOR	2.00	X					0	0	0	
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	32,622			
	1b Membership dues				
	1c Fundraising events				
	1d Related organizations				
	1e Government grants (contributions)	59,829			
	1f All other contributions, gifts, grants, and similar amounts not included above	417,334			
	g Noncash contributions included in lines 1a-1f \$				
	<b>h Total. Add lines 1a-1f</b>	<b>509,785</b>			
<b>Program Service Revenue</b>	2a TRANSPORTATION	10,656	10,656		
	b MISCELLANEOUS SENIOR REIMBURS	2,095	2,095		
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	12,751			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	120		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents		3,429			
b Less rental exps					
c Rental inc or (loss)		3,429			
d Net rental income or (loss)		3,429			3,429
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis & sales exps					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19					
b Less direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	43,169				
b Less cost of goods sold					
c Net income or (loss) from sales of inventory	43,169			43,169	
Miscellaneous Revenue					
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
<b>12 Total revenue. See instructions</b>	<b>569,254</b>	<b>12,751</b>	<b>0</b>	<b>46,718</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	8,947	8,947		
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	60,652	42,457	6,065	12,130
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	258,037	220,870	9,195	27,972
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	14,311	11,825	685	1,801
10 Payroll taxes	22,116	18,274	1,059	2,783
11 Fees for services (non-employees)				
a Management	180	180		
b Legal				
c Accounting	3,100	2,067	1,033	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,882		1,882	
12 Advertising and promotion	221	30	191	
13 Office expenses	48,101	40,032	3,859	4,210
14 Information technology	7,417	5,943	1,474	
15 Royalties				
16 Occupancy	64,010	59,449	4,561	
17 Travel	62	62		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,332	1,607	725	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,487	19,362	3,125	
23 Insurance	8,239	5,623	2,616	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a VOLUNTEER EXPENSES	13,039	11,700	1,339	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	535,133	448,428	37,809	48,896
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	60,751	1	57,329
	2	Savings and temporary cash investments	40,520	2	81,888
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,853	4	991
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,516	9	4,107
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	711,676		
	10b	Less accumulated depreciation	267,376	10c	444,300
	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)	556,545	16	588,615	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	24,844	17	22,793
	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	24,844	26	22,793
<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	231,604	27	253,287
	28	Temporarily restricted net assets	300,097	28	312,535
	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>	531,701	33	565,822	
34	<b>Total liabilities and net assets/fund balances</b>	556,545	34	588,615	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	569,254
2	Total expenses (must equal Part IX, column (A), line 25)	2	535,133
3	Revenue less expenses Subtract line 2 from line 1	3	34,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	531,701
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	565,822

**Part XII Financial Statements and Reporting**

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

- 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 separate basis, consolidated 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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY THREAD**

Employer identification number  
**41-0967271**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
b <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	432,543	469,312	464,069	440,735	509,785	2,316,444
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,853	59,723	79,132	31,410	12,751	221,869
3 Gross receipts from activities that are not an unrelated trade or business under section 513				23,917	43,169	67,086
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total</b> Add lines 1 through 5	471,396	529,035	543,201	496,062	565,705	2,605,399
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	33,853	54,404	73,675			161,932
c Add lines 7a and 7b	33,853	54,404	73,675			161,932
8 <b>Public support</b> (Subtract line 7c from line 6)						2,443,467

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	471,396	529,035	543,201	496,062	565,705	2,605,399
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,247	2,817	2,509	1,279	120	9,972
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,247	2,817	2,509	1,279	120	9,972
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				530	2,429	2,959
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	474,643	531,852	545,710	497,871	568,254	2,618,330
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	93.32%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	91.89%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1%

- 19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

---

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

---

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," 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

**2010**

Open to Public Inspection

Name of the organization

**COMMUNITY THREAD**

Employer identification number

**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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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	

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 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				
c Leasehold improvements		277,961	35,324	242,637
d Equipment		123,986	111,244	12,742
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				330,379

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

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

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

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

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

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	569,254
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	535,133
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	34,121
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	34,121

**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	569,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	569,254
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	569,254

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

1	Total expenses and losses per audited financial statements	1	535,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	535,133
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	535,133

**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 XIV** Supplemental Information (continued)

---

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

**2010**

**Open to Public  
inspection**

Name of the organization

**COMMUNITY THREAD**

Employer identification number

**41-0967271**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

**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.  
 Part III can be duplicated 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
1 <b>FOOD AND TOYS</b>		8,947			
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

**2010**

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 11b - Organization's Process to Review Form 990  
No review was or will be conducted.

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

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

THE BOARD OF DIRECTORS SHALL NOT ENTER INTO ANY CONTRACT OR TRANSACTION  
WITH (A) ONE OR MORE OF ITS DIRECTORS, (B) A DIRECTOR OF A RELATED  
ORGANIZATION, OR (C) AN ORGANIZATION IN OR OF WHICH A DIRECTOR OF THE  
ORGAIZATION 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>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 120			14 MN		
Total	<u>\$ 120</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	\$ 1,882	\$	\$ 1,882	\$
Total	\$ 1,882	\$ 0	\$ 1,882	\$ 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
Total	<u>\$ 177,708</u>	<u>\$ 161,932</u>

2/21/2011  
13:47

**COMMUNITY THREAD**  
Federal ID # 41-0967271  
Asset Summary - Book Basis  
Period Ended 12/31/10

Company C  
Page

<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 De</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	759 00	0 00	759 00
55	1	DELL DIMENSION 460	05/06/04	N	SL	5	759 00	0 00	0 00	759 00	0 00	759 00

2/21/2011  
13 47

**COMMUNITY THREAD**  
Federal ID #: 41-0967271  
Asset Summary - Book Basis  
Period Ended 12/31/10

Company. C  
Page

<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 De</u>
Group # 1 (Continued)												
56	1	WATER SOFTENER	07/08/04	N	SL	5	978 00	0 00	0 00	978 00	0 00	978
57	1	DELL INSPIRON 9100	10/07/04	N	SL	5	1,366 00	0 00	0 00	1,366 00	0 00	1,366
58	1	DELL DIMENSION 460	10/07/04	N	SL	5	758 00	0 00	0 00	758 00	0 00	758
59	1	DELL DIMENSION 460	01/07/05	N	SL	5	1,035 95	0 00	0 00	932 36	103 59	1,035
60	1	DELL COMPUTER	01/27/05	N	SL	5	857 00	0 00	0 00	771 30	85 70	857
61	1	DELL LAPTOPS TAX	01/27/05	N	SL	5	2,531 10	0 00	0 00	2,277 99	253 11	2,531
62	1	NEW TELEPHONE SY	02/28/05	N	SL	5	7,373 62	0 00	0 00	6,636 24	737 38	7,373
63	1	DELL COMPUTER	06/29/05	N	SL	5	1,159 50	0 00	0 00	1,043 55	115 95	1,159
64	1	TV BAYPORT SC	09/28/05	N	SL	5	244 36	0 00	0 00	219 92	24 44	244
65	1	DIGITAL CAMERA	12/27/05	N	SL	5	198 54	0 00	0 00	178 69	19 85	198
66	1	NEW GARBAGE DISPO	12/27/05	N	SL	5	1,630 35	0 00	0 00	1,467 32	163 03	1,630
67	1	DELL NOTEBOOK	02/21/06	N	SL	5	1,021 00	0 00	0 00	714 70	204 20	918
68	1	DELL NOTEBOOK	02/21/06	N	SL	5	1,021 00	0 00	0 00	714 70	204 20	918
69	1	DELL COMPUTER	06/28/06	N	SL	5	868 00	0 00	0 00	607 60	173 60	781
70	1	DELL COMPUTER	06/26/06	N	SL	5	868 00	0 00	0 00	603 60	173 60	777
71	1	DELL LAPTOP TAX P	03/07/07	N	SL	5	1,935 25	0 00	0 00	967 63	387 05	1,354
72	1	SERVER TOWER/SOFT	03/28/07	N	SL	5	8,897 69	0 00	0 00	4,448 85	1,779 54	6,228
73	1	CANON PRINTER (TA	01/24/08	N	SL	5	245 55	0 00	0 00	73 67	49 11	122
74	1	DELL LAPTOP (TAX)	02/13/08	N	SL	5	767 00	0 00	0 00	230 10	153 40	387
75	1	FAX MACHINE (TAX)	04/23/08	N	SL	5	373 63	0 00	0 00	112 09	74 73	186
76	1	CANON PRINTERS (T	05/28/08	N	SL	5	556 08	0 00	0 00	166 83	111 22	278
77	1	3 LAPTOPS (TAX)	12/28/08	N	SL	5	1,754 00	0 00	0 00	526 20	350 80	877
78	1	TRAINING TABLES (T	12/31/08	N	SL	5	2,509 60	0 00	0 00	752 88	501 92	1,254
79	1	HP DESKTOP TAX	10/21/09	N	SL	5	857 45	0 00	0 00	85 75	171 49	257
80	1	2 NOTEBOOKS TAX	10/21/09	N	SL	5	1,926 91	0 00	0 00	192 69	385 38	578
81	1	WII TV BLUERAY	11/10/10	N	SL	5	2,078 67	0 00	0 00	0 00	207 87	207
83	1	TAX GRANT COMPUT	10/27/10	N	SL	5	1,505 00	0 00	0 00	0 00	150 50	150
84	1	SERVER/MEMORY UP	11/24/10	N	SL	5	925 00	0 00	0 00	0 00	92 50	92
Group # 1 Total							123,985 90	0 00	0 00	104,570 31	6,674 16	111,244
Group # 2												
1	1	REMODELING	12/01/92	R	SL	30	32,622 00	0 00	0 00	18,576 42	1,087 40	19,663
2	1	BUILDING ADDITION/	06/10/97	R	SL	25	186,733 50	0 00	0 00	93,366 75	7,469 34	100,836
3	1	NEW HVAC SYSTEM	12/01/10	R	SL	25	15,374 00	0 00	0 00	0 00	307 48	307
Group # 2 Total							234,729 50	0 00	0 00	111,943 17	8,864 22	120,807
Group # 3												
1	1	BUILDING	12/29/05	R	SL	40	277,960 77	0 00	0 00	28,375 16	6,949 02	35,324
Group # 3 Total							277,960 77	0 00	0 00	28,375 16	6,949 02	35,324
Group # 4												
1	1	LAND	12/29/05	R	SL		75,000 00	0 00	0 00	0 00	0 00	0
Group # 4 Total							75,000 00	0 00	0 00	0 00	0 00	0
Grand Total							711,676 17	0 00	0 00	244,888 64	22,487 40	267,376