Extended to 8/15/12

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01 , 2010, and ending 9/30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
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 $ 14,605,919.

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.OPERATIONTHRESHOLD.ORG

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] 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 OPERATION THRESHOLD WILL COLLABORATE, EDUCATE AND PROVIDE SERVICES TO HELP MEET THE BASIC NEEDS OF PEOPLE AND CREATE OPPORTUNITIES FOR SELF-SUFFICIENCY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	90
6	Total number of volunteers (estimate if necessary)	6	1,020
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,571,347.	14,288,313.
	9	Program service revenue (Part VIII, line 2g)	306,308.	300,378.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-40,033.	7,784.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,072.	4,405.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,841,694.	14,600,880.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,222,690.	8,501,462.
	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)	3,414,702.	3,558,617.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 91,334.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,488,968.	1,358,254.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,126,360.	13,418,333.
	19	Revenue less expenses Subtract line 18 from line 12	1,715,334.	1,182,547.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,994,773.	6,750,178.
	21	Total liabilities (Part X, line 26)	2,362,334.	1,936,944.
	22	Net assets or fund balances Subtract line 21 from line 20	3,632,439.	4,813,234.

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SCANNED AUG 2 8 2012

Part II Signature Block

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

Sign Here
► Leicn Kammeyer — Signature of officer — Date
► Leian Kammeyer, Deputy Director — Type or print name and title — 8-2-12

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RANDALL A JONES	Randall A Jones CPA	7/30/12		N/A

Firm's name ► MERIWETHER, WILSON AND COMPANY, PLLC
Firm's address ► REGENCY W. 5, 4500 WESTOWN PKWY, STE 140
WEST DES MOINES, IA 50266-6717
Firm's EIN ► N/A
Phone no 515-223-0002

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 [illegible]) (Expenses $ 4,300,957. including grants of $ 3,315,462.) (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 2011, THE PROGRAM SERVED APPROXIMATELY 8,828 PARTICIPANTS IN ITS SIX-COUNTY SERVICE AREA. PROGRAM INCLUDES $3,315,462 OF NONCASH WIC VOUCHERS PROVIDED DIRECTLY TO ELIGIBLE PARTICIPANTS BY THE IOWA DEPARTMENT OF PUBLIC HEALTH

4b (Code [illegible]) (Expenses $ 3,342,032. including grants of $ 2,881,470.) (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 2011, THE PROGRAM PROVIDED ASSISTANCE TO APPROXIMATELY 5,292 HOUSEHOLDS IN THE ORGANIZATION'S THREE-COUNTY SERVICE AREA.

4c (Code [illegible]) (Expenses $ 3,168,526. including grants of $ 1,715,232.) (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 2011, THE PROGRAM WEATHERIZED 391 HOMES, REPAIRED 148 FURNACES, REPLACED 185 FURNACES, REPAIRED 53 WATER HEATERS, REPLACED 166 WATER HEATERS, REPLACED 92 REFRIGERATORS, REPLACED 29 FREEZERS, AND CONDUCTED HEALTH AND SAFETY INSPECTIONS ON 336 HOMES, AMONG OTHER THINGS.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O

(Expenses $ 2,302,376. including grants of $ 589,298.) (Revenue $ 300,378.)

4e Total program service expenses ► 13,113,891.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	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*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		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*	5		
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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*	9	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*	10		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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	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*	11f	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*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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)*	17		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*	18		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*	19		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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*	21		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*	22	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*	23		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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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*	25a		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*	25b		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*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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* ☐ Yes ☒ No			
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*	36		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*	37		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 194			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	2a 90			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		3b		
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)?		4a		X
b 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				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 **Section 501(c)(7) organizations.** Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 **Section 501(c)(12) organizations.** Enter				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O				
b 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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		14b		

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 [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		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?	10a	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	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		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* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		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 SEE SCHEDULE O	15a	X	
b	Other officers of key employees of the organization SEE SCHEDULE O	15b	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?	16a		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 ► NONE

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 [X] Another's website [X] 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 50703 319-291-2065

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

1 a 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 organization 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MIKE FERRETER DIRECTOR	0.6	X						0.	0.	0.
(2) BARRY HASKINS VICE CHAIRPERSO	0.6	X		X				0.	0.	0.
(3) BARBARA SMITH TREASURER	0.6	X		X				0.	0.	0.
(4) SCOTT JORDAN DIRECTOR	0.6	X						0.	0.	0.
(5) ALLEN RICKS DIRECTOR	0.6	X						0.	0.	0.
(6) REV. LARRY DOUGHAN DIRECTOR	0.6	X						0.	0.	0.
(7) DENISE HAWKER DIRECTOR	0.6	X						0.	0.	0.
(8) BRIAN QUIRK CHAIRPERSON	0.6	X		X				0.	0.	0.
(9) KELLY MCCLANAHN DIRECTOR	0.6	X						0.	0.	0.
(10) DANIELLE ENGLE DIRECTOR	0.6	X						0.	0.	0.
(11) CLYDE MOORE DIRECTOR	0.6	X						0.	0.	0.
(12) LAROIA VAN ARSDALE DIRECTOR	0.6	X						0.	0.	0.
(13) KELLY JOHNSON DIRECTOR	0.6	X						0.	0.	0.
(14) JANET GEODKEN DIRECTOR	0.6	X						0.	0.	0.
(15) GARY GISSEL DIRECTOR	0.6	X						0.	0.	0.
(16) BARBARA A GRANT EXECUTIVE DIREC	40			X				81,196.	0.	20,220.
(17) LEIAN KAMMEYER DEPUTY DIR/FISC	40			X				56,426.	0.	18,115.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total ►								137,622.	0.	38,335.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								137,622.	0.	38,335.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KEITH BERGMEIER 930 STATE ST. DENVER, IA 50622	WEATHERIZATION SERV.	297,697.
JIM BERGMEIER CONSTRUCTION 2954 320TH ST CHELSEA, IA 52215	WEATHERIZATION SERV	186,032.
ALLEN COX 212 MAIN ST ELBERSON, IA 52225	WEATHERIZATION SERV.	179,108.

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 ► 3

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS						
1a Federal campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	13,887,114.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	401,199.				
g Noncash contributions included in lns 1a-1f	$	3,377,476.				
h Total. Add lines 1a-1f			14,288,313.			
PROGRAM SERVICE REVENUE		Business Code				
2a LOW-INCOME HOUSNG RENTAL		900099	300,378.	300,378.		
b						
c						
d						
e						
f All other program service revenue						
g Total Add lines 2a-2f			300,378.			
OTHER REVENUE						
3 Investment income (including dividends, interest and other similar amounts)			6,524.			6,524.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		6,299.				
b Less cost or other basis and sales expenses		5,039.				
c Gain or (loss)		1,260.				
d Net gain or (loss)			1,260.			1,260.
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS		900099	4,405.			4,405.
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			4,405.			
12 Total revenue. See instructions			14,600,880.	300,378.	0.	12,189.

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	8,501,462.	8,501,462.		
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	194,844.	76,027.	83,172.	35,645.
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	2,611,049.	2,573,628.	26,194.	11,227.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	182,930.	169,206.	9,606.	4,118.
9 Other employee benefits	364,768.	354,538.	7,161.	3,069.
10 Payroll taxes	205,026.	185,329.	13,787.	5,910.
11 Fees for services (non-employees)				
a Management				
b Legal	29,247.	26,437.	1,967.	843.
c Accounting	31,373.	28,359.	2,110.	904.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,772.	2,506.	186.	80.
13 Office expenses				
14 Information technology	47,424.	42,868.	3,189.	1,367.
15 Royalties				
16 Occupancy	186,100.	168,616.	12,239.	5,245.
17 Travel	43,241.	39,087.	2,908.	1,246.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,144.	13,144.		
20 Interest	60,616.	54,793.	4,076.	1,747.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,835.	162,558.	12,094.	5,183.
23 Insurance	67,850.	61,332.	4,563.	1,955.
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 STAFF TRAINING	259,992.	259,992.		
b SUPPLIES	204,976.	183,727.	14,874.	6,375.
c EQUIPMENT RENTAL & MAINTENANCE	125,933.	115,337.	7,417.	3,179.
d TELEPHONE	47,485.	42,923.	3,193.	1,369.
e POSTAGE AND SHIPPING	44,697.	40,403.	3,006.	1,288.
f All other expenses	13,569.	11,619.	1,366.	584.
25 Total functional expenses Add lines 1 through 24f	13,418,333.	13,113,891.	213,108.	91,334.
26 **Joint costs.** Check here ► ☐ 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
Assets	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	698,357.	2	391,964.
	3	Pledges and grants receivable, net	1,517,427.	3	452,645.
	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)), 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	12,803.	7	12,701.
	8	Inventories for sale or use	478,138.	8	556,322.
	9	Prepaid expenses and deferred charges	50,311.	9	57,682.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 6,240,573.			
	b	Less accumulated depreciation — 10b: 973,928.	3,223,766.	10c	5,266,645.
	11	Investments — publicly traded securities	13,971.	11	12,219.
	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)	5,994,773.	16	6,750,178.
Liabilities	17	Accounts payable and accrued expenses	1,149,617.	17	284,852.
	18	Grants payable		18	
	19	Deferred revenue	182,403.	19	109,075.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	22,800.	21	24,910.
	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	777,468.	23	1,284,278.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	230,046.	25	233,829.
	26	**Total liabilities.** Add lines 17 through 25	2,362,334.	26	1,936,944.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	1,115,900.	27	1,038,004.
	28	Temporarily restricted net assets	2,516,539.	28	3,775,230.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,632,439.	33	4,813,234.
	34	Total liabilities and net assets/fund balances	5,994,773.	34	6,750,178.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,600,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,418,333.
3	Revenue less expenses Subtract line 2 from line 1	3	1,182,547.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,632,439.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-1,752.
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	4,813,234.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 [X] 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?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
OPERATION THRESHOLD	42-0982549

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 [X] 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 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 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?

			Yes	No
(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?	**11g (i)**		
(ii)	A family member of a person described in (i) above?	**11g (ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**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 column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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 'unusual grants ')	4,783,051.	9,600,820.	11643474.	15571347.	14288313.	55,887,005.
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 by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	4,783,051.	9,600,820.	11643474.	15571347.	14288313.	55,887,005.
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						55,887,005.

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	4,783,051.	9,600,820.	11643474.	15571347.	14288313.	55,887,005.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,263.	7,740.	14,616.	3,158.	7,784.	41,561.
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	7,861.	6,765.	16,200.	4,072.	4,405.	39,303.
11 **Total support.** Add lines 7 through 10						55,967,869.

12 Gross receipts from related activities, etc (see instructions) | 12 | 1,650,460.

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 | 99.9 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 99.8 %

16a **33-1/3% support test – 2010.** 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 ► [X]

b **33-1/3% support test – 2009.** 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 – 2010.** 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 – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal yr 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 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						
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, 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						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 in 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 lns 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** ► ☐

Section C. Computation of Public Support Percentage

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

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	%

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, lines 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: OPERATION THRESHOLD

Employer identification number: 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1 a 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	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 the organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		83,740.		83,740.
b Buildings		5,708,745.	838,824.	4,869,921.
c Leasehold improvements				
d Equipment		448,088.	135,104.	312,984.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				5,266,645.

Part VII | Investments—Other Securities. See Form 990, Part X, line 12 N/A

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

Part VIII | Investments—Program Related. (See Form 990, Part X, line 13) N/A

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

Part IX | Other Assets. (See Form 990, Part X, line 15) N/A

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

Part X | Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO FUNDING SOURCES	233,829.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	233,829.

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) SEE PART XIV

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)	14,600,880.
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,418,333.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,182,547.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-1,752.
9	Total adjustments (net) Add lines 4 through 8	-1,752.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	1,180,795.

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	14,538,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,752.		
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	1,260.		
e	Add lines 2a through 2d			2e	-492.
3	Subtract line 2e from line 1			3	14,538,866.
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	62,014.		
c	Add lines 4a and 4b			4c	62,014.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	14,600,880.

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

1	Total expenses and losses per audited financial statements			1	14,574,467.
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	1,218,148.		
e	Add lines 2a through 2d			2e	1,218,148.
3	Subtract line 2e from line 1			3	13,356,319.
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	62,014.		
c	Add lines 4a and 4b			4c	62,014.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	13,418,333.

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

THE ORGANIZATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN EVALUATING ITS UNCERTAIN TAX POSITIONS. AT SEPTEMBER 30, 2011, THE ORGANIZATION HAD NO UNCERTAIN

Part XIV Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS		$ -1,752.
	TOTAL	$ -1,752.

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

GAIN ON FIXED ASSETS NETTED W/EXP		$ 1,260.
	TOTAL	$ 1,260.

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

OTHER NONCASH CONTRIBUTIONS		$ 62,014.
	TOTAL	$ 62,014.

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

CAPITAL ITEMS ACQ. W/ GRANT FUNDS		$ 1,216,888.
GAIN ON FIXED ASSETS NETTED W/EXP		1,260.
	TOTAL	$ 1,218,148.

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

OTHER NONCASH CONTRIBUTIONS		$ 62,014.
	TOTAL	$ 62,014.

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, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: OPERATION THRESHOLD

Employer identification number: 42-0982549

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? [X] Yes [ ] No

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

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)							

2 Enter total number of section 501(c)(3) and government organizations ► 0

3 Enter total number of other organizations ► 0

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 BREAST PUMPS	128		20,255.	ACTUAL COST	BREAST PUMPS
2 CRISIS/EMERG. ASSISTANCE	370	177,841.			
3 HPRP	407	182,668.			
4 LIHEAP	5,292	2,881,470.			
5 OTHER ASSIST. TO INDIVIDUALS	3,867	116,091.	62,014.	STATED VALUE	FOOD, CLOTHING, SUPPLIES
6 TENANT BASED RENTAL ASSIST.	72	30,429.			
7 WEATHERIZATION	391		1,715,232.	ACTUAL COST	WX EXPENSES ETC

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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (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.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(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
WIC NONCASH FOOD VOUCHERS DISTRIBUTED	8,828		3,315,462.	STATED VALUE	NONCASH FOOD VOUCHER

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		11,934.	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				
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

		Yes	No
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?	30a		X
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?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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. DEPT. OF AGRICULTURE'S SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (CATALOG OF FEDERAL DOMESTIC ASSISTANCE # 10 5570). 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 NUMBERS OF ITEMS CONTRIBUTED.

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 VOUCHE	X	8828	$ 3,315,462.	STATED VALUE
FOOD	X	268	21,407.	STATED VALUE
SCHOOL SUPPLIES	X	217	477.	STATED VALUE
TOYS	X	1899	17,650.	STATED VALUE
DIAPERS/WIPES	X	1175	5,521.	STATED VALUE
PROGR. SUPPLIES	X	308	5,025.	STATED VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

THESE VENDORS 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 TYPICALLY MADE PURSUANT TO A FLAT RATE SCHEDULE ESTABLISHED BY THE STATE OF IOWA. THIS PROGRAM IS SUBJECT TO SINGLE-AUDIT COMPLIANCE REQUIREMENTS AND IS TYPICALLY REVIEWED ON-SITE ANNUALLY BY IOWA DEPARTMENT OF HUMAN RIGHTS PERSONNEL.

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

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.

Name of the organization: OPERATION THRESHOLD

Employer identification number: 42-0982549

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

SERVICE CENTERS - ORGANIZATION MAINTAINS SERVICE CENTERS IN EACH OF THE AREAS SERVED.

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.

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.

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.

Name of the organization: OPERATION THRESHOLD

Employer identification number: 42-0982549

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

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

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

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 11B - FORM 990 REVIEW PROCESS

DEPUTY DIRECTOR AND CPA FIRM COMPLETE THE FORM 990, THEN EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR REVIEW 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: OPERATION THRESHOLD

Employer identification number: 42-0982549

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

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 EMPLOYEE

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.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS		$ -1,752.
	TOTAL	$ -1,752.

CLIENT 168289 OPERATION THRESHOLD 42-0982549

6/06/12 12 12PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
MISCELLANEOUS	4,405.	4,072.	16,200.	6,765.	7,861.
TOTAL	$ 4,405.	$ 4,072.	$ 16,200.	$ 6,765.	$ 7,861.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- 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.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

Type or print	Name of exempt organization OPERATION THRESHOLD	**Employer identification number** 42-0982549
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions 1535 LAFAYETTE ST., P.O. BOX 4120	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WATERLOO, IA 50704	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for

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 12, to file the exempt organization return for the organization named above The extension is for the organization's return for
► [ ] calendar year 20____ or
► [X] tax year beginning 10/01, 20 10, and ending 9/30, 20 11

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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

- 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: OPERATION THRESHOLD

Employer identification number: 42-0982549

Number, street, and room or suite number If a P O box, see instructions: 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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	[illegible]	
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 12

5 For calendar year ____, or other tax year beginning 10/01, 20 10, and ending 9/30, 20 11

6 If the tax year entered in line 5 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, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

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

Signature ► Kelly M Merner Title ► CPA Date ► 4/25/12