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OMB No 1545-1150

Open to Public Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization SAFE COMMUNITIES OF WRIGHT COUNTY	
Number and street (or P O box, if mail is not delivered to street address) PO BOX 339	Room/suite
City or town, state or country, and ZIP + 4 ST MICHAEL, MN 55376	

D Employer identification number
41-1951214

E Telephone number

F Group Exemption Number 

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)—☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 72,648**

Check if the organization used Schedule O to respond to any question in this Part I ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	92,689	22	93,632
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	26,700	24	
25	Total assets	119,389	25	93,632
26	Total liabilities (describe in Schedule O)	278	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	119,111	27	93,632

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III ☒		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? REDUCE INJURIES AND FATALITIES ASSOCIATED WITH TRAFFIC CRASHES IN WRIGHT COUNTY, MINNESOTA THROUGH SAFETY EDUCATION AND PREVENTION			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 THE ORGANIZATION CONDUCTED SAFETY EDUCATION AND PREVENTION COURSES FOR INDIVIDUALS WITHIN THE WRIGHT COUNTY AREA FORTY PARENT-TEEN DRIVER'S EDUCATION PRESENTATIONS WERE GIVEN, REACHING 3,074 TEENS AND PARENTS THE DRIVE WRIGHT DIVERSION PROGRAM WAS CONDUCTED WITH 28 CLASSES AND 788 ATTENDEES THE TEEN DRIVE WRIGHT DIVERSION PROGRAM HELD 11 CLASSES AND REACHED A TOTAL OF 206 TEENS AND 212 PARENTS (Grants \$) If this amount includes foreign grants, check here ☐		28a	32,671
29 CONDUCTED SEAT BELT AND CAR SAFETY EVENTS AT AREA HIGH SCHOOLS NINE WRIGHT COUNTY HIGH SCHOOLS PARTICIPATED IN A PROGRAM/CONTEST CALLED "IN THE DRIVER'S SEAT VIDEO CONTEST" MOCK CRASHES PUT ON AT MAPLE LAKE AND BUFFALO HIGH SCHOOLS REACHED OVER 500 STUDENTS AN "EVERY TIME" CAMPAIGN WAS LAUNCHED AT ALL WRIGHT COUNTY HIGH SCHOOLS WITH PLEDGES AND THUMB BANDS PROMOTING DISTRACTED FREE DRIVING A "PUT ON THE BRAKES ON FATALITIES" COLORING CONTEST WAS HELD FOR ALL WRIGHT COUNTY ELEMENTARY STUDENTS (Grants \$) If this amount includes foreign grants, check here ☐		29a	23,336
30 THE ORGANIZATION, ALONG WITH LIQUOR DISTRIBUTORS, ALCOHOL PROVIDERS, COUNTY GOVERNMENT, AND OTHER SAFE COMMUNITIES WORKED TOGETHER TO PROMOTE A SOBER CAB PROGRAM IN WRIGHT COUNTY THIS SERVICE PROVIDED FREE RIDES HOME TO DRIVERS IN THE PILOT PROJECT AREA 1750 SOBER RIDES WERE PROVIDED AT 19 DIFFERENT PARTNERING ESTABLISHMENTS THE DUIQ CAMPAIGN CONTINUES TO COORDINATE COMMUNITY-WIDE AWARENESS AND REDUCE DRUCK DRIVING WITH "WHAT'S YOUR DUIQ ?"INFORMATION PRESENTED VIA BILLBOARDS, POSTERS, NEWSPAPER ADS, WEBSITE INFORMATION AND BLOOD ALCOHOL CALCULATORS, VIDEO COMMERCIALS, ETC (Grants \$) If this amount includes foreign grants, check here ☐		30a	37,339
31 Other program services (describe in Schedule O) ☐ (Grants \$) If this amount includes foreign grants, check here ☐		31a	
32 Total program service expenses (add lines 28a through 31a) ☐		32	93,346

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ MN _____		
42a	The organization's books are in care of ☐ PAT HACKMAN _____ Telephone no ☐ (763) 241-9888 PO BOX 339 Located at ☐ ST MICHAEL, MN _____ ZIP + 4 ☐ 55376		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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	*****		2012-02-28		
	Signature of officer		Date		
Paid Preparer's Use Only	PAT HACKMAN EXECUTIVE DIRECTOR				
	Type or print name and title				
	Preparer's signature	LISA BASKFIELD CPA	Date	2012-04-14	
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		
		7365 KIRKWOOD COURT NORTH STE 310		Phone no	(763) 497-0864
		MAPLE GROVE, MN 55369			
May the IRS discuss this return with the preparer shown above? See instructions					
☒ Yes ☐ No					

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization SAFE COMMUNITIES OF WRIGHT COUNTY	Employer identification number 41-1951214
---	--

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 **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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Total. 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 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the 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—2011. 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—2010. 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 IIISupport Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40,998	36,850	30,000	33,546	12,260	153,654
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	75,270	96,727	75,425	60,680	60,050	368,152
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	116,268	133,577	105,425	94,226	72,310	521,806
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						521,806

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	116,268	133,577	105,425	94,226	72,310	521,806
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	372	146	474	610	338	1,940
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	372	146	474	610	338	1,940
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	116,640	133,723	105,899	94,836	72,648	523,746
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.630%
16Public support percentage from 2010 Schedule A, Part III, line 15	16	99.700%

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0%
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2011. 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	☒	
b33 1/3% support tests—2010. 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	☐	
20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1951214
Name: SAFE COMMUNITIES OF WRIGHT COUNTY

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GORDY PEHRSON PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
WAYNE FINGALSON PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
JON YOUNG PO BOX 339 ST MICHAEL,MN 55376	VICE CHAIR 2 00	0		
JOE HAGERTY PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
KARLA HEETER PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
JEFF HERR PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
MARGO BINSFELD PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
ROLF MOHWINKEL PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
BRIAN NORD PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
MITCH WEINZETL PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
CAROL SCHEFERS PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
MATTHEW SCHOEN PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
ROSE THELEN PO BOX 339 ST MICHAEL,MN 55376	DIRECTOR 1 00	0		
TRACY VETRUBA PO BOX 339 ST MICHAEL,MN 55376	CHAIR 2 00	0		
DAN ZACHMAN PO BOX 339 ST MICHAEL,MN 55376	TREASURER 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SCOTT ZIEHL  PO BOX 339 ST MICHAEL, MN 55376	DIRECTOR 1 00	0		
NANCY KOPFF  PO BOX 339 ST MICHAEL, MN 55376	DIRECTOR 1 00	0		

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SAFE COMMUNITIES OF WRIGHT COUNTY

Employer identification number
41-1951214

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 3,635 CONFERENCES/MEETINGS 1,341 INSURANCE 748 ADVERTISING & PROMOTION 4,255 BANK CHARGES 6 TELEPHONE 1,176 DUES & SUBSCRIPTIONS 236 SUPPLIES 16,342 REPAIRS & MAINTENANCE 59 TOTAL 27,798
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	GRANTS RECEIVABLE 26,700 0 TOTAL 26,700 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 278 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	REDUCE INJURIES AND FATALITIES ASSOCIATED WITH TRAFFIC CRASHES IN WRIGHT COUNTY, MINNESOTA THROUGH SAFETY EDUCATION AND PREVENTION
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE ORGANIZATION CONDUCTED SAFETY EDUCATION AND PREVENTION COURSES FOR INDIVIDUALS WITHIN THE WRIGHT COUNTY AREA FORTY PARENT-TEEN DRIVER'S EDUCATION PRESENTATIONS WERE GIVEN, REACHING 3,074 TEENS AND PARENTS THE DRIVE WRIGHT DIVERSION PROGRAM WAS CONDUCTED WITH 28 CLASSES AND 788 ATTENDEES THE TEEN DRIVE WRIGHT DIVERSION PROGRAM HELD 11 CLASSES AND REACHED A TOTAL OF 206 TEENS AND 212 PARENTS
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	CONDUCTED SEAT BELT AND CAR SAFETY EVENTS AT AREA HIGH SCHOOLS NINE WRIGHT COUNTY HIGH SCHOOLS PARTICIPATED IN A PROGRAM/CONTEST CALLED "IN THE DRIVER'S SEAT VIDEO CONTEST" MOCK CRASHES PUT ON AT MAPLE LAKE AND BUFFALO HIGH SCHOOLS REACHED OVER 500 STUDENTS AN "EVERY TIME" CAMPAIGN WAS LAUNCHED AT ALL WRIGHT COUNTY HIGH SCHOOLS WITH PLEDGES AND THUMB BANDS PROMOTING DISTRACTED FREE DRIVING A "PUT ON THE BRAKES ON FATALITIES" COLORING CONTEST WAS HELD FOR ALL WRIGHT COUNTY ELEMENTARY STUDENTS
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	THE ORGANIZATION, ALONG WITH LIQUOR DISTRIBUTORS, ALCOHOL PROVIDERS, COUNTY GOVERNMENT, AND OTHER SAFE COMMUNITIES WORKED TOGETHER TO PROMOTE A SOBER CAB PROGRAM IN WRIGHT COUNTY THIS SERVICE PROVIDED FREE RIDES HOME TO DRIVERS IN THE PILOT PROJECT AREA 1750 SOBER RIDES WERE PROVIDED AT 19 DIFFERENT PARTNERING ESTABLISHMENTS THE DUIQ CAMPAIGN CONTINUES TO COORDINATE COMMUNITY-WIDE AWARENESS AND REDUCE DRUCK DRIVING WITH "WHAT'S YOUR DUIQ ?"INFORMATION PRESENTED VIA BILLBOARDS, POSTERS, NEWSPAPER ADS, WEBSITE INFORMATION AND BLOOD ALCOHOL CALCULATORS, VIDEO COMMERCIALS, ETC

TY 2011 Compensation Explanation**Name:** SAFE COMMUNITIES OF WRIGHT COUNTY**EIN:** 41-1951214

Person Name	Explanation
GORDY PEHRSON	
WAYNE FINGALSON	
JON YOUNG	
JOE HAGERTY	
KARLA HEETER	
JEFF HERR	
MARGO BINSFELD	
ROLF MOHWINKEL	
BRIAN NORD	
MITCH WEINZETL	
CAROL SCHEFERS	
MATTHEW SCHOEN	
ROSE THELEN	
TRACY VETRUBA	
DAN ZACHMAN	
SCOTT ZIEHL	
NANCY KOPFF	