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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 627, 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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

B Check if applicable Address change Name change Initial return Formatted return Amended return Application pending	C Name of organization THREE RIVERS COMMUNITY ACTION, INC.		D Employer identification number 41-0906178
Doing Business As 1414 NORTH STAR DRIVE		E Telephone number 507-732-7391	
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1414 NORTH STAR DRIVE		F Gross receipts \$ 9,051,139.	
City, town, or post office, state, and ZIP code ZUMBROTA, MN 55992-1091		G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)			
H(c) Group exemption number ►			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW.THREERIVERSCAP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 1966 M State of legal domicile: MN			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPLEMENT THE POLICIES AND PROGRAMS OF THE OFFICE OF ECONOMIC OPPORTUNITY THROUGH FINANCIAL
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) <input type="checkbox"/> 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) <input type="checkbox"/> 12
Expenses	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) <input type="checkbox"/> 167
	6 Total number of volunteers (estimate if necessary) <input type="checkbox"/> 1,100
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12 <input type="checkbox"/> 0.
	7b Net unrelated business taxable income from Form 990-T, line 34 <input type="checkbox"/> 0.
IRS OIG 2012 Prior Year 14 Current Year	
8 Contributions and grants (Part VIII, line 1h) <input type="checkbox"/> 6,486,334. <input type="checkbox"/> 6,732,503.	
9 Program service revenue (Part VIII, line 2g) <input type="checkbox"/> 1,828,782. <input type="checkbox"/> 2,306,220.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <input type="checkbox"/> 18,606. <input type="checkbox"/> 12,416.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10a, and 11a) <input type="checkbox"/> 0. <input type="checkbox"/> 0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <input type="checkbox"/> 8,333,722. <input type="checkbox"/> 9,051,139.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <input type="checkbox"/> 2,224,755. <input type="checkbox"/> 2,446,617.	
14 Benefits paid to or for members (Part IX, column (A), line 4) <input type="checkbox"/> 0. <input type="checkbox"/> 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <input type="checkbox"/> 3,846,468. <input type="checkbox"/> 4,015,068.	
16a Professional fundraising fees (Part IX, column (A), line 11e) <input type="checkbox"/> 0. <input type="checkbox"/> 0.	
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 3,483. <input type="checkbox"/> 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <input type="checkbox"/> 1,531,075. <input type="checkbox"/> 2,262,698.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <input type="checkbox"/> 7,602,298. <input type="checkbox"/> 8,724,383.	
19 Revenue less expenses. Subtract line 18 from line 12 <input type="checkbox"/> 731,424. <input type="checkbox"/> 326,756.	
Beginning of Current Year <input type="checkbox"/> RECEIVED End of Year	
20 Total assets (Part X, line 16) <input type="checkbox"/> 10,665,247. <input type="checkbox"/> 19,391,906.	
21 Total liabilities (Part X, line 26) <input type="checkbox"/> 3,719,562. <input type="checkbox"/> 12,097,689.	
22 Net assets or fund balances. Subtract line 21 from line 20 <input type="checkbox"/> 6,945,685. <input type="checkbox"/> 7,294,217.	

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	Signature of officer MOLLIE MOYER, CFO	Date 6-20-2014			
Paid	Print/Type preparer's name CRAIG POPENHAGEN	Preparer's signature  CRAIG POPENHAGEN	Date 06/16/14	Check <input type="checkbox"/> Still employed *****	PTIN *****
Preparer	Firm's name CLIFFTON ARSONALLEN LLP	Firm's EIN 41-0746749			
Use Only	Firm's address P.O. BOX 217 AUSTIN, MN 55912	Phone no. 507-434-7000			

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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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:

THREE RIVERS COMMUNITY ACTION, INC., A PRIVATE NONPROFIT CORPORATION, WORKS WITH COMMUNITY PARTNERS TO ADDRESS BASIC HUMAN NEEDS OF PEOPLE IN OUR SERVICE AREA, THEREBY IMPROVING THE QUALITY OF LIFE OF THE INDIVIDUAL, FAMILY AND COMMUNITY.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 3,156,061. Including grants of \$ 954,181.) (Revenue \$ 1,184,640.)
HOUSING - PROVIDE A CONTINUUM OF HOUSING SERVICES AND ASSISTANCE TO LOW-INCOME FAMILIES; PROVIDE HOME OWNERSHIP EDUCATION AND COUNSELING TO 145 HOUSEHOLDS, STABILIZE 4 RURAL HOUSING UNITS, WEATHERIZE 78 HOMES, COMPLETE ENERGY CONSERVATION ACTIVITIES ON 26 HOMES, ASSIST 97 HOUSEHOLDS WITH ENERGY REPAIRS, PROVIDE 21 HOUSEHOLDS WITH HOUSING GRANTS AND LOANS, MANAGE 344 AFFORDABLE RENTAL UNITS, PROVIDE TEMPORARY SUPPORTIVE HOUSING AND HOMELESS PREVENTION ASSISTANCE AND CASE MANAGEMENT SERVICES TO 102 HOUSEHOLDS, PROVIDE TRANSITIONAL HOUSING AND CASE MANAGEMENT SERVICES TO 12 HOMELESS HOUSEHOLD, ASSIST 2656 HOUSEHOLDS WITH ENERGY ASSISTANCE, PROVIDE 680 HOUSEHOLDS WITH ENERGY CRISIS ASSISTANCE AND PROVIDE HOUSING ADVOCACY, EDUCATION, NETWORKING, INFORMATION AND REFERRAL.

4b (Code:) (Expenses \$ 2,574,681. Including grants of \$ 636,120.) (Revenue \$ 956,352.)
TRANSPORTATION - PROVIDE 494,746 PUBLIC TRANSIT RIDES AND PROVIDE 4,081 VOLUNTEER RIDES.

4c (Code:) (Expenses \$ 1,827,193. Including grants of \$ 636,120.) (Revenue \$ 59,674.)
HEAD START - PROVIDE HEAD START SERVICES TO 236 CHILDREN AND THEIR FAMILIES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 747,488. Including grants of \$ 220,196.) (Revenue \$ 105,554.)4e Total program service expenses ► 8,305,423.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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 18? If "Yes," complete Schedule D, Part VII

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, Part II, III, or IV, and Part V, line 1	34 X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b	If "Yes" to line 35a, 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	35b X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O.

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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	107
1b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0
1c	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	167
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	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.	b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 6886-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 as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? 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	

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

Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent	1b	12
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 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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, 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 Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete 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.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did 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	15a	X
b Other officers or key employees of the organization	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MN
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MOLLIE MOYER - 507-732-7391

1414 NORTH STAR DRIVE, ZUMBROTA, MN 55992

222009
12-10-12

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/employee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER ROBINS BOARD CHAIR	0.50 X	X	X				0.	0.	0.
(2) GALAN MALECHA BOARD 1ST VICE CHAIR	0.50 X	X	X				0.	0.	0.
(3) ABDULLA HARED BOARD 2ND VICE CHAIR	0.50 X	X	X				0.	0.	0.
(4) JOLIE STEEBERG TREASURER	0.50 X	X	X				0.	0.	0.
(5) JUDY SCHWARZHOFF SECRETARY	0.50 X	X	X				0.	0.	0.
(6) EKTA PRAKASH BOARD DIRECTOR	0.50 X						0.	0.	0.
(7) STEVE THORNTON BOARD DIRECTOR	0.50 X						0.	0.	0.
(8) JOANNE KRIER BOARD DIRECTOR	0.50 X						0.	0.	0.
(9) TED SEIFERT BOARD DIRECTOR	0.50 X						0.	0.	0.
(10) STEPHANIE STUMPF BOARD DIRECTOR	0.50 X						0.	0.	0.
(11) DUSTIN HANSON BOARD DIRECTOR	0.50 X						0.	0.	0.
(12) DEB ROSCHEN BOARD DIRECTOR	0.50 X						0.	0.	0.
(13) CAROL SCOTT BOARD DIRECTOR	0.50 X						0.	0.	0.
(14) DAVE WINDHORST BOARD DIRECTOR	0.50 X						0.	0.	0.
(15) RUTH BODET BOARD DIRECTOR	0.50 X						0.	0.	0.
(16) MIKE THORSTEINSON EXECUTIVE DIRECTOR	40.00 X						115,559.	0.	16,605.
(17) MOLLIE MOYER CFO	40.00 X						93,599.	0.	6,019.

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

1b Sub-total	209,158.	0.	22,624.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	209,158.	0.	22,624.

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

1

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEMCAC, INC. 204 SOUTH ELM STREET, RUSHFORD, MN 55971	CATERER, HOMELESS SERVICES PROVIDER, A	287,642
K&M HEATING INC, 3865 EAST 240TH STREET , FARIBAULT, MN 55021	WEATHERIZATION AND REHAB CONTRACTOR	230,930
TRI-COUNTY ACTION PROGRAM, INC. 1210 23RD AVE SOUTH, WAITE PARK, MN 56387	WEATHERIZATION CONTRACTOR	230,744
R&B CONSTRUCTION 361 CHARLSON DRIVE, RED WING, MN 55066	WEATHERIZATION AND REHAB CONTRACTOR	198,688

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514*
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 6,602,717.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 129,786.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	► 6,732,503.			
Program Service Revenue	2 a HOUSING SERVICES	Business Code 624200	1,184,640.	1,184,640.	
	b TRANSPORTATION	480000	956,352.	956,352.	
	c SENIOR SERVICES	624100	66,471.	66,471.	
	d HEAD START	624410	59,674.	59,674.	
	e OTHER PROGRAM SERVICES	900099	39,083.	39,083.	
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 2,306,220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	► 12,416.			12,416.
	4 Income from investment of tax-exempt bond proceeds	►			
	5 Royalties	►			
	6 a Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	►			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	►			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	►			
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities	►			
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory	►			
	Miscellaneous Revenue	Business Code			
	11 a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	► 9,051,139.	2,306,220.	0.	12,416.
	12 Total revenue. See Instructions	►			

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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).

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

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 United States. See Part IV, line 21	810,534.	810,534.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,636,083.	1,636,083.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,783.	57,946.	173,837.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,910,355.	2,732,858.	176,775.	722.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,352.	92,069.	4,251.	32.
9 Other employee benefits	384,411.	367,324.	16,960.	127.
10 Payroll taxes	392,167.	374,734.	17,303.	130.
11 Fees for services (non-employees):				
a Management				
b Legal	9,030.	8,746.	241.	43.
c Accounting	20,374.	19,734.	544.	96.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)				
12 Advertising and promotion	17,351.	16,805.	464.	82.
13 Office expenses	255,331.	247,302.	6,823.	1,206.
14 Information technology	108,432.	105,022.	2,898.	512.
15 Royalties				
16 Occupancy	209,940.	209,940.		
17 Travel	103,458.	93,994.	9,439.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,825.	36,635.	1,011.	179.
20 Interest	63,810.	63,810.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	367,248.	364,401.	2,847.	
23 Insurance	69,547.	67,359.	1,859.	329.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT AND MAINTENANCE	428,976.	428,751.	225.	
b MISC EXPENSES	358,588.	358,588.		
c PROPERTY MANAGEMENT/MAI	212,788.	212,788.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,724,383.	8,305,423.	415,477.	3,483.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here If following EDP 95-3 (AGC 656-72c)

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Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
	1 Cash - non interest-bearing	1	2,520,437.
	2 Savings and temporary cash investments	2	611,139.
	3 Pledges and grants receivable, net	3	3,884,053.
	4 Accounts receivable, net	4	253,984.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other 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 instr). Complete Part II of Sch L	6	
	7 Notes and loans receivable, net	7	585,110.
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	46,464.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,187,283.
	b Less: accumulated depreciation	10b	2,632,360.
		1,476,595.	10c 1,554,923.
	11 Investments - publicly traded securities	11	50,137.
	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	9,885,659.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16	19,391,906.
	17 Accounts payable and accrued expenses	17	959,226.
	18 Grants payable	18	
	19 Deferred revenue	19	61,386.
Liabilities	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	7,547,306.
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	3,529,771.
	26 Total liabilities. Add lines 17 through 25	26	12,097,689.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	7,294,217.
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33	7,294,217.
	34 Total liabilities and net assets/fund balances	34	19,391,906.

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	9,051,139.
2 Total expenses (must equal Part IX, column (A), line 25)	2	8,724,383.
3 Revenue less expenses, Subtract line 2 from line 1	3	326,756.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,945,685.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	21,776.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,294,217.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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Schedule A (Form 990 or 990-EZ) 2012 THREE RIVERS COMMUNITY ACTION, INC. 41-0906178 Page 2
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	7,177,805.	7,648,779.	8,312,879.	6,485,944.	6,732,503.	36,357,910.
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	7,177,805.	7,648,779.	8,312,879.	6,485,944.	6,732,503.	36,357,910.
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						36,357,910.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,177,805.	7,648,779.	8,312,879.	6,485,944.	6,732,503.	36,357,910.
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 ...	28,394.	24,754.	19,487.	18,606.	12,416.	103,657.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						36,461,567.
12 Gross receipts from related activities, etc. (see instructions)				12		4,135,002.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.72	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.55	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 8)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 611 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 lines 9, 10c, 11, and 12)						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section C. Computation of Public Support Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE D
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

THREE RIVERS COMMUNITY ACTION, INC.

Employer Identification number

41-0906178

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

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

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

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

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

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items.

1b 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 ► \$

Schedule D (Form 990) 2012 THREE RIVERS COMMUNITY ACTION, INC. 41-0906178 Page 2

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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No**Part IV | Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. **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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations Yes No(ii) related organizations Yes Nob If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		154,703.		154,703.
b Buildings		1,286,267.	1,208,913.	77,354.
c Leasehold Improvements				
d Equipment		2,118,966.	1,423,447.	695,519.
e Other		627,347.		627,347.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 1,554,923.

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Schedule D (Form 990) 2012

THREE RIVERS COMMUNITY ACTION, INC.

41-0906178 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

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

(a) Description	(b) Book value
(1) AFFORDABLE HOUSING PROJECTS	9,450,567.
(2) LOAN FEES	2,950.
(3) OTHER ASSETS	432,142.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total (Column (b) must equal Form 990, Part X, col. (B) line 15) ► 9,885,659.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GRANT ADVANCES	3,529,771.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 3,529,771.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 THREE RIVERS COMMUNITY ACTION, INC. 41-0906178 Page 4

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIII | 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION CHANGED ITS YEAR END TO 12/31

EFFECTIVE IN 2013. THEREFORE THE AUDIT WAS DONE AS OF 12/31/13 WHICH

COVERED A 15 MONTH PERIOD 10/1/12 - 12/31/13.

THREE RIVERS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THREE RIVERS ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, RELATING TO UNRECOGNIZED TAX BENEFITS ON APRIL 1, 2009. THE ADOPTION OF THESE PROVISIONS DID NOT RESULT IN AN INCREASE OF

Schedule D (Form 990) 2012

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12-10-12

Schedule D (Form 990) 2012

THREE RIVERS COMMUNITY ACTION, INC.

41-0906178 Page 5

Part XIII Supplemental Information (continued)

RECOGNIZED TAX LIABILITIES AS THREE RIVERS BELIEVES ITS FILING POSITIONS
WOULD BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT
WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THREE RIVERS FINANCIAL
CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS.

THREE RIVERS RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX
BENEFITS, IF ANY, IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.
DURING THE YEAR ENDED DECEMBER 31, 2013 THREE RIVERS DID NOT RECOGNIZE ANY
INTEREST OR PENALTIES. THREE RIVERS BELIEVES IT IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2009.

OWB No. 1645-06-17

2012Open to Public
InspectionGrants and Other Assistance to Organizations,
Governments, and Individuals in the United StatesDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Name of the organization

THREE RIVERS COMMUNITY ACTION, INC.**Part I General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
					(f)(1)	(f)(2)		
OLMSTED COUNTY COMMUNITY ACTION PROGRAMS - 2117 CAMPUS DRIVE SE, SUITE 100 - ROCHESTER, MN 55904	41-6005859	501(c)(3)	40,849.	0.				HOMELESS HOUSING SERVICES
SEMCAC 204 SOUTH BLM STREET RUSHFORD, MN 55971	41-0907135	501(c)(3)	264,899.	0.				HOMELESS HOUSING SERVICES
TRI-COUNTY ACTION PROGRAM, INC. 1210 23RD AVE SOUTH WHITE PARK, MN 56387	41-6049139	501(c)(3)	367,100.	0.				HOMELESS HOUSING SERVICES
THE SALVATION ARMY PO BOX 575, 20 N FIRST AVE ROCHESTER, MN 55906	41-0698597	501(c)(3)	22,619.	0.				HOMELESS HOUSING SERVICES
LUTHERAN SOCIAL SERVICE OF MN 710 SOUTH SECOND STREET MANKATO, MN 56001	41-0872993	501(c)(3)	48,418.	0.				HOMELESS HOUSING SERVICES
MINNESOTA VALLEY ACTION COUNCIL, INC. - 706 NORTH VICTORY DRIVE - MANKATO, MN 56001	41-6050153	501(c)(3)	66,659.	0.				HOMELESS HOUSING SERVICES
2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								6
3. Enter total number of other organizations listed in the line 1 table								0

Schedule I (Form 990) (2012)

232101,
12-13-12

Schedule I (Form 990) (2012) THREE RIVERS COMMUNITY ACTION, INC.
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.

41-0906178

Page 2

[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
EMERGENCY/WEATHERIZATION GRANTS	30	0	262,319.00	REHAB ASSISTANCE LOANS	WEATHERIZATION MATERIALS AND LABOR
REHAB REHABILITATION LOANS	7	102,733	0	REHAB ASSISTANCE LOANS	REHAB ASSISTANCE LOANS
DEBT PAYMENT ASSISTANCE LOANS	10	98,600	0	DEBT PAYMENT ASSISTANCE LOANS	DEBT PAYMENT ASSISTANCE LOANS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (f), and any other additional information.

SCHEDULE I, PART I, LINE 2 : PROGRAM DIRECTOR COMPLETES SITE VISITS TO

MONITOR CLIENT ELIGIBILITY AND CHIEF FINANCIAL OFFICER MONITORS

EXPENDITURES AND REQUESTS COPIES OF EACH AGENCY'S ANNUAL AUDIT.

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. 1645-0047

2012

Open to Public
Inspection

Name of the organization

THREE RIVERS COMMUNITY ACTION, INC.

Employer identification number
41-0906178

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSISTANCE TO INDIVIDUALS AND FAMILIES IN GOODHUE, RICE, AND WABASHA
COUNTIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION NOW INCLUDES OLMSTEAD COUNTY IN THEIR SERVICES AREA
DUE TO THE MERGER OF OLMSTED CAP INTO THREE RIVERS COMMUNITY ACTION,
INC. AS OF JULY 1, 2013.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION DISCONTINUED THE FAMILY LOAN PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SENIOR SERVICES - PROVIDE 29,876 MEALS TO SENIORS AND PROVIDE SERVICES
TO 77 SENIOR CAREGIVERS.

EXPENSES \$ 249,163. INCLUDING GRANTS OF \$ 73,399. REVENUE \$ 66,471.

OTHER - PROVIDE CRISIS INTERVENTION SERVICES FOR 121 HOUSEHOLDS, AND
PROVIDE GENERAL INFORMATION AND REFERRAL, OUTREACH ACTIVITIES, AND
ADVOCACY EDUCATION ON LOW-INCOME ISSUES TO INDIVIDUALS IN GOODHUE,
OLMSTED, RICE AND WABASHA COUNTIES.

EXPENSES \$ 498,325. INCLUDING GRANTS OF \$ 146,797. REVENUE \$ 39,083.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S ARTICLES OF
INCORPORATION AND BYLAWS WERE CHANGED TO INCLUDE OLMSTED COUNTY IN THEIR
SERVICES AREA DUE TO THE MERGER OF OLMSTED CAP INTO THREE RIVERS COMMUNITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

THREE RIVERS COMMUNITY ACTION, INC.

Employer identification number
41-0906178

ACTION, INC. AS OF JULY 1, 2013. THE ORGANIZATION ALSO ADDED SECTION V ELECTRONIC COMMUNICATIONS TO THEIR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS FIRST APPROVES A DRAFT OF THE FORM 990 BEFORE IT IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES DISCLOSE IN WRITING POTENTIAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. THE BOARD HAS A DETAILED POLICY ON WHAT TO DO IF CONFLICTS SHOULD ARISE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR BY COMPARING SIMILAR POSITIONS OF ORGANIZATIONS SIMILAR IN SIZE. THE HUMAN RESOURCE DIRECTOR, CFO, AND APPROPRIATE SUPERVISOR REVIEW TASK LISTS AND RATE JOBS USING A POINT SYSTEM. COMPARABILITY DATA USED INCLUDES MCN, US DOL, AND CENTER FOR COMMUNITY FUTURES.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AT ITS ZUMBROTA LOCATION. THE FINANCIAL STATEMENTS AND 990S FOR THE LAST THREE YEARS ARE ALSO PROVIDED ON THE AGENCY'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

9/30/12 BRIDGE RUN ENDING EQUITY NOT INCLUDED IN THE BEGINNING

21,776.

EQUITY NUMBER

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

THREE RIVERS COMMUNITY ACTION, INC.

Employer identification number
41-0906178TOTAL TO FORM 990, PART XI, LINE 9

21,776.

FORM 990, PART XII, LINE 2B

THE AUDIT WAS DONE AS OF 12/31 COVERING A 15 MONTH PERIOD DUE TO A
CHANGE IN YEAR END. THEREFORE, THE REPORTING PERIOD FOR THE AUDIT DOES
NOT MATCH THE REPORTING PERIOD FOR THE 990.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990-Part IV line 233, 34, 35, 36, or 37.

SCHOLASTIC TESTS OF HYPOTHESES 309

► **Attach to Form 990.** ► **See separate instructions.**

Name of the organization

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Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

232181
12-10-12

Schedule R (Form 990) 2012 THREE RIVERS COMMUNITY ACTION, INC.

Part II Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal entity (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code Y-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or Partnership ownership Yes No	(k) Percentage ownership Yes No
AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS MN	RELATED			31.9	331,741.	X	N/A	X	50.00%	
HAYFIELD GREENS FTF - 41-19222096, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	RELATED			-4	74.	X	N/A	X	.01%	
WASECA HOUSING ASSOC LP CHARTER OAKS - 41-1970165 2905 NORTHWEST BLVD, SUITE 150, PLYMOUTH, MN 55441	RELATED			-490	67,329.	X	N/A	X	1.00%	
WAZUNNEWA WOODS APARTMENTS - 41-2017725, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	RELATED			5,081.	272,598.	X	N/A	X	50.00%	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) entity?	Yes No	

41-0906178

Schedule R (Form 990) THREE RIVERS COMMUNITY ACTION, INC.

Part III: Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or federal county)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code, YUBI amount in box 20 of Schedule K1 (Form 1065)	(j) General or percentage ownership?	(k) General or percentage ownership by partner?
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
EAGLE RIDGE APARTMENTS, LP - 48-1275822, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS	MN	RELATED	-7,	171,240,	X	N/A	X	.01%	
HARVEST RIDGE TOWNSHIPS LIMITED PARTNERSHIP - 20-0185789, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS	MN	RELATED	-9,	116,196,	X	N/A	X	.01%	
TRAILSIDE APARTMENTS OF ALBERT LEA, LP - 20-5254070, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS	MN	RELATED	-22,	2,223,035,	X	N/A	X	.01%	
SPRING CREEK TOWNSHIPS, LP - 46-1123390, 1414 NORTHSTAR DR., ZUMBROTA, MN 55992	AFFORDABLE HOUSING FOR LOW-INCOME INDIVIDUALS	MN	RELATED	0,	0,	X	N/A	X	.01%	

Schedule R (Form 990) 2012 THREE RIVERS COMMUNITY ACTION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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Note. Complete line 1 if any entity is listed in Parts I, II, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- 1 Dividends from related organization(s)
- 9 Sale of assets to related organization(s)
- h Purchases of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization

(b) Transaction type (a/s)

(c) Amount involved

(d) Method of determining amount involved

(1)			
(2)			
(3)			
(4)			
(5)			

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Schedule B (Form 902) 2012 THREE RIVERS COMMUNITY ACTION, INC.

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 890) 2012

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12-10-12

Schedule R (Form 990) 2012

THREE RIVERS COMMUNITY ACTION, INC.

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Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)