

2010 Exempt Organization Return
Prepared For:

Tri-County Action Program, Inc.

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRI-COUNTY ACTION PROGRAM, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1210 23RD AVENUE SOUTH, PO BOX 683 City or town, state or country, and ZIP + 4 WAITE PARK, MN 56387 F Name and address of principal officer: ANGELA THEISEN SAME AS C ABOVE	D Employer identification number 41-6049739 E Telephone number (320) 251-1612 G Gross receipts \$ 7,604,836. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input 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)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1965 M State of legal domicile: MN
J Website: ▶ WWW.TRICAP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO EXPAND OPPORTUNITIES FOR THE ECONOMIC AND SOCIAL WELL-BEING OF OUR RESIDENTS AND THE DEVELOPMENT			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		78
6	Total number of volunteers (estimate if necessary)	6		215
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	7,634,225.	5,644,155.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	2,716,079.	1,940,017.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	14,516.	5,461.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	23,886.	15,203.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	10,388,706.	7,604,836.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	352,055.	1,983,311.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	2,984,453.	2,710,145.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,838.	16b	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	7,113,111.	2,894,482.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	10,449,619.	7,587,938.
19	Revenue less expenses. Subtract line 18 from line 12	19	-60,913.	16,898.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	5,558,825.	5,029,899.
22	Net assets or fund balances. Subtract line 21 from line 20	22	3,785,065.	3,239,241.
23		23	1,773,760.	1,790,658.

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 ANGELA THEISEN, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature KERN, DEWENTER, VIERE, LTD. Firm's name ▶ 220 PARK AVE S Firm's address ▶ ST CLOUD, MN 56301	Date 1.18.11 Check if self-employed <input type="checkbox"/> PTIN	Firm's EIN ▶ Phone no. 320-251-7010

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF TRI-COUNTY ACTION PROGRAM, INC. (TRI-CAP) IS TO EXPAND OPPORTUNITIES FOR THE ECONOMIC AND SOCIAL WELL-BEING OF OUR RESIDENTS AND THE DEVELOPMENT OF OUR COMMUNITIES. TRI-CAP, ESTABLISHED IN 1965, IS A MULTI-PURPOSE AGENCY RESPONDING TO THE NEEDS OF OUR 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 [X] No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 914,618. including grants of \$ 17,138.) (Revenue \$ 2,100.)

THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM HELPS INCOME ELIGIBLE HOUSEHOLDS IN BENTON, STEARNS, SHERBURNE AND MORRISON COUNTIES BY PAYING A PORTION OF THEIR HOME HEATING COSTS. TRI-CAP RECEIVES FUNDS FOR THIS ADMINISTRATIVE ACTIVITY AND CREATED \$5,415,209 IN REQUESTS TO THE DEPARTMENT OF COMMERCE FOR PAYMENTS TO VENDORS ON BEHALF OF CUSTOMERS.

REACH OUT FOR WARMTH, WHICH IS A COMMUNITY BASED EMERGENCY FUEL FUND ESTABLISHED TO ASSIST HOUSEHOLDS OVER THE INCOME LEVEL FOR THE ENERGY ASSISTANCE PROGRAM, IS FUNDED BY DONATIONS FROM BUSINESSES, CHURCHES, CIVIC GROUPS, INDIVIDUALS, ENERGY VENDORS, CORPORATIONS AND FUNDRAISERS.

4b (Code:) (Expenses \$ 1,851,931. including grants of \$) (Revenue \$ 5,318.)

THE FEDERAL WEATHERIZATION PROGRAM PROVIDES ASSISTANCE FOR ELIGIBLE HOUSEHOLDS IN BENTON, STEARNS AND SHERBURNE COUNTIES WHO CAN BENEFIT FROM UPDATED ENERGY EFFICIENCIES AS WELL AS HEALTH AND SAFETY UPGRADES.

4c (Code:) (Expenses \$ 2,104,637. including grants of \$) (Revenue \$ 981,149.)

TRANSIT CONNECTION OFFERS RURAL TRANSPORTATION INCLUDING DIAL-A-RIDE, FIXED ROUTE, SMALL CITY SERVICE, A VOLUNTEER DRIVER PROGRAM, AND THE TRANSPORTAION RESOURCES CENTER. THE MOBILITY MANAGER ASSISTS CUSTOMERS IN OBTAINING RELIABLE TRANSPORTATION AND IDENTIFIES OTHER ALTERNATIVES WHEN OUR SERVICES ARE NOT A VIABLE SOLUTION. TRANSPORTATION SERVICES BEGAN IN THE ST JOSEPH AREA THIS YEAR.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,187,884. including grants of \$ 185,878.) (Revenue \$ 966,653.)

4e Total program service expenses 7,059,070.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

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

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 108		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			15
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANGELA LIESER - (320) 251-1612**
1210 23RD AVENUE SOUTH, P.O. BOX 683, WAITE PARK, MN 56387

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY FARBER CHAIR	1.00	X		X				0.	0.	0.
ANTHONY AKUBUE VICE CHAIR, PARTIAL YEAR	1.00	X		X				0.	0.	0.
DEWAYNE MARECK TREASURER	1.00	X		X				0.	0.	0.
SPENCER BUERKLE SECRETARY	1.00	X		X				0.	0.	0.
BUTCH BUKOWSKI MEMBER	1.00	X						0.	0.	0.
MIKE FREY VICE CHAIR, CURRENT	1.00	X		X				0.	0.	0.
DIANE IMSANDE MEMBER	1.00	X						0.	0.	0.
PAUL KNUTSON MEMBER	1.00	X						0.	0.	0.
RACHEL LEONARD MEMBER	1.00	X						0.	0.	0.
BARB MALIKOWSKI MEMBER	1.00	X						0.	0.	0.
RALONDA MASON MEMBER	1.00	X						0.	0.	0.
JEFF MERGER MEMBER	1.00	X						0.	0.	0.
JOHN SMITH MEMBER	1.00	X						0.	0.	0.
ARLYS STANGER MEMBER	1.00	X						0.	0.	0.
ANNE WEITZ MEMBER	1.00	X						0.	0.	0.
SHEILA BOVSEL FORMER MEMBER	0.00	X						0.	0.	0.
LARRY HAWS FORMER MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TODD MALCOLM FORMER MEMBER	8.50	X						0.	0.	0.
LAURALE MOENCH FORMER MEMBER	0.00	X						0.	0.	0.
ANGELA THIESEN EXECUTIVE DIRECTOR	40.00			X				76,164.	0.	7,399.
ANGELA LIESER FINANCE DIRECTOR	40.00			X				69,162.	0.	7,050.
1b Sub-total								145,326.	0.	14,449.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								145,326.	0.	14,449.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STAN & JAKES CONSTRUCTION 202 8TH ST S, SAUK RAPIDS, MN 56379	HOME CONSTRUCTION	319,093.
D & D CONSTRUCTION 45 1ST AVE NW, RICE, MN 56367	HOME CONSTRUCTION	278,569.
RICK AHLGREN CONSTRUCTION 69791 203RD ST, DASSELL, MN 55325	HOME CONSTRUCTION	224,765.
AIRCARE 12535 320 1/2 AVE, PRINCETON, MN 55371	HOME CONSTRUCTION	129,150.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	5444501.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	199,654.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		5644155.			
Program Service Revenue	2 a	TRANSPORTATION	Business Code 624100	981,149.	981,149.		
	2 b	AFFORDABLE HOUSING	624100	716,118.	716,118.		
	2 c	CONSERVATION IMPROVEME	624100	222,141.	222,141.		
	2 d	OTHER PROGRAM INCOME	624100	20,609.	20,609.		
	2 e						
	2 f	All other program service revenue					
	g	Total. Add lines 2a-2f		1940017.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		217.		217.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses			5,244.		
		Gain or (loss)			5,244.		
		Net gain or (loss)			5,244.		5,244.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	REIMBURSEMENTS	900099	15,203.	15,203.			
11 b							
11 c							
11 d	All other revenue						
11 e	Total. Add lines 11a-11d		15,203.				
12	Total revenue. See instructions.		7604836.	1955220.	0.	5,461.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	182,226.	182,226.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,801,085.	1,801,085.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	164,700.	41,175.	109,250.	14,275.
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	1,939,218.	1,777,911.	150,274.	11,033.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	606,227.	519,608.	83,089.	3,530.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,400.		22,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	69,783.	66,698.	3,085.	
12 Advertising and promotion				
13 Office expenses	59,956.	51,738.	8,218.	
14 Information technology				
15 Royalties				
16 Occupancy	32,464.	28,015.	4,449.	
17 Travel	288,653.	273,825.	14,828.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,792.	29,160.	4,632.	
20 Interest	48,010.	4,405.	43,605.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,274.	142,622.	22,652.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DIRECT CLIENT SERVICES	742,214.	742,214.		
b CONTRACTUAL SERVICES	724,956.	724,956.		
c BLDG/REMODELING/OTHER	633,941.	609,556.	24,385.	
d EQUIP REPAIR & MAINT	20,317.	17,532.	2,785.	
e SALES/REAL ESTATE TAXES	6,185.	6,185.		
f All other expenses	46,537.	40,159.	6,378.	
25 Total functional expenses. Add lines 1 through 24f	7,587,938.	7,059,070.	500,030.	28,838.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,550.	2,117.	178.	255.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	920,915.	1	857,853.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	719,015.	3	395,031.
	4	Accounts receivable, net	218,926.	4	183,238.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	1,975,701.	7	1,994,805.
	8	Inventories for sale or use	156,453.	8	75,749.
	9	Prepaid expenses and deferred charges	65,916.	9	44,211.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,512,361.		
	b	Less: accumulated depreciation	10b 1,033,349.	10c	1,479,012.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,558,825.	16	5,029,899.	
Liabilities	17	Accounts payable and accrued expenses	948,379.	17	496,772.
	18	Grants payable		18	
	19	Deferred revenue	2,117,986.	19	2,104,887.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	718,700.	23	637,582.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,785,065.	26	3,239,241.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,758,360.	27	1,790,658.
	28	Temporarily restricted net assets	15,400.	28	0.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,773,760.	33	1,790,658.	
34	Total liabilities and net assets/fund balances	5,558,825.	34	5,029,899.	

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	7,604,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,587,938.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,773,760.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,790,658.

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in 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									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,474,765.	3,540,120.	4,744,643.	7,634,225.	5,644,155.	25,037,908.
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	3,474,765.	3,540,120.	4,744,643.	7,634,225.	5,644,155.	25,037,908.
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						25,037,908.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,474,765.	3,540,120.	4,744,643.	7,634,225.	5,644,155.	25,037,908.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,829.	10,254.	5,522.	532.	217.	36,354.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						25,074,262.
12 Gross receipts from related activities, etc. (see instructions)				12	9,302,139.	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.86 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.74 %
16a 33 1/3% support test - 2010. 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 - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add 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**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

TRI-COUNTY ACTION PROGRAM, INC.

41-6049739

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FEDERAL DEPARTMENT OF COMMERCE 85 EAST 7TH PLACE, SUITE 500 ST PAUL, MN 55101-2198	\$ 2,740,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FEDERAL DEPARTMENT OF TRANSPORTATION 395 JOHN IRELAND BLVD ST PAUL, MN 55155	\$ 410,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FEDERAL DEPARTMENT OF HUMAN SERVICES PO BOX 64962 ST PAUL, MN 64962	\$ 818,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 1670 BROADWAY 23RD FLOOR DENVER, CO 80202	\$ 440,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MN HOUSING FINANCE AGENCY 400 SIBLEY STREET, SUITE 300 ST PAUL, MN 55101-1908	\$ 174,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MN DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT 1ST NATIONAL BANK BUILDING, 332 MINNESOTA STREET, SUITE E200 ST PAUL, MN 55101	\$ 152,379.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TRI-COUNTY ACTION PROGRAM, INC.

41-6049739

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MN DEPARTMENT OF TRANSPORTATION 395 JOHN IRELAND BLVD ST PAUL, MN 55155	\$ 568,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TRI-COUNTY ACTION PROGRAM, INC.

41-6049739

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

TRI-COUNTY ACTION PROGRAM, INC.

41-6049739

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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 year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		182,000.		182,000.
b Buildings		537,814.	55,669.	482,145.
c Leasehold improvements		591,350.	44,380.	546,970.
d Equipment		1,201,197.	933,300.	267,897.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,479,012.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number
41-6049739

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

Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES - SAIL 374 4TH AVE S ST CLOUD, MN 56301	41-0737799	501(C)3	17,123.	0.			FAMILY HOMELESS PREVENTION COLLABORATION CASE MANAGEMENT
CATHOLIC CHARITIES - SHY 374 4TH AVE S ST CLOUD, MN 56301	41-0737799	501(C)3	79,982.	0.			FAMILY HOMELESS PREVENTION COLLABORATION CASE MANAGEMENT
RISE, INCORPORATED 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432	41-0972476	501(C)3	10,315.	0.			FAMILY HOMELESS PREVENTION COLLABORATION CASE MANAGEMENT
CENTRAL MN RE-ENTRY PROJECT PO BOX 6064 ST CLOUD, MN 56302	38-3727614	501(C)3	42,620.	0.			RAPID RE-HOUSING COLLABORATION CASE MANAGEMENT
ST CLOUD AREA LEGAL SERVICES PO BOX 886 ST CLOUD, MN 56303	41-1412710	501(C)3	24,080.	0.			RAPID RE-HOUSING COLLABORATION CASE MANAGEMENT
CATHOLIC CHARITIES - HOPE 374 4TH AVE S ST CLOUD, MN 56301	41-0737799	501(C)3	7,018.	0.			FAMILY HOMELESS PREVENTION COLLABORATION CASE MANAGEMENT

2 Enter total number of section 501(c)(3) and government organizations **7.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WEATHERIZATION SERVICES	412	1,266,857.	0.		SERVICES TO REDUCE RESIDENTIAL ENERGY CONSUMPTION
ENERGY RELATED REPAIRS	339	246,118.	0.		FURNACE REPAIRS AND REPLACEMENTS
RAPID REHOUSING	90	143,383.	0.		RENTAL PAYMENTS
FAMILY HOMELESS PREVENTION	207	109,444.	0.		RENT AND MORTGAGE PAYMENTS
FEDERAL REACH OUT FOR WARMTH	46	17,138.	0.		ENERGY PAYMENTS

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

SCHEDULE I, PART I, LINE 2: THE TRI-CAP PROGRAM DIRECTOR AND AN ADMINISTRATIVE ASSISTANT GO TO THE AGENCIES ON AN ANNUAL BASIS AND REQUEST A RANDOM SAMPLE OF FILES TO REVIEW. THEY VERIFY THAT CLIENTS QUALIFY FOR THE SERVICES, REVIEW THE ADMINISTRATIVE COSTS THE SUB-GRANTEE IS CHARGING TO THE PROGRAM, AND ENSURE ALL PAPERWORK IS PROPERLY INCLUDED.

TRI-COUNTY ACTION PROGRAM, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FAIM MATCHING FUNDS	2	5,760.	0.		HIGHER EDUCATION, HOME PURCHASES OR STARTING A SMALL BUSINESS
LOCAL REACH OUT FOR WARMTH	9	3,652.	0.		ENERGY PAYMENTS
DISPLACED HOMEMAKER (WINGS)	113	4,276.	0.		PRE-EMPLOYMENT PROGRAM
PRESCRIPTION PROGRAM	15	1,933.	0.		PAYMENTS FOR MEDICATIONS
CARING MEMBERS REACH OUT FOR WARMTH	4	1,324.	0.		ENERGY PAYMENTS
FINANCIAL FITNESS	48	1,200.	0.		FINANCIAL INCENTIVE FOR FAMILIES TO BECOME SELF-SUFFICIENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

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

OF OUR COMMUNITIES.

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

MEMBERS LIVING IN POVERTY. TRI-CAP SPECIALIZES IN MEETING INDIVIDUALS
AND FAMILIES WHERE THEY ARE AT, AND WORKING WITH THEM ON THEIR ROAD TO
SELF-RELIANCE. TRI-CAP WORKS TOGETHER WITH THE CENTRAL MINNESOTA
COMMUNITY TO BUILD A BETTER FUTURE FOR THOSE EXPERIENCING FINANCIAL
HARDSHIP. RESOURCES TO ACHIEVE THESE ACTIVITIES ARE PROVIDED THROUGH
FEDERAL, STATE AND COUNTY GRANTS, ALONG WITH FEES FOR SERVICES, THIRD
PARTY REIMBURSEMENTS AND FOUNDATION GRANTS AND LOANS.

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

FUNDING FOR ARRA CSBG ENDED SO NO FURTHER FUNDING WAS AVAILABLE.
TRI-CAP HAS FULFILLED THE INITIAL CONTRACT FOR ARRA WEATHERIZATION
ACTIVITY. AN ADDITIONAL ALLOCATION WAS MADE AVAILABLE, YET THERE IS
LESS ACTIVITY AS THE GRANT IS IN ITS FINAL MONTHS. THERE WAS LESS ARRA
HOMELESS PREVENTION AND RAPID REHOUSING PROGRAM ACTIVITY TAKING PLACE
AS THE GRANT IS IN ITS FINAL MONTHS. THE EMERGENCY FOOD AND SHELTER
GRANT (FEMA) WAS NOT RECEIVED THIS PAST YEAR.

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

INDIVIDUAL DEVELOPMENT ACCOUNTS, WHICH BROUGHT AN ADDITIONAL \$ 115,667
TO THE TRI-COUNTY AREA THROUGH CUSTOMER SAVINGS ACCOUNTS USED TOWARD
POST-SECONDARY EDUCATION COSTS, HOME AND BUSINESS PURCHASES. FINANCIAL
COUNSELING, FAMILY HOMELESS PREVENTION AND ASSISTANCE AND CASE

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

MANAGEMENT, AS WELL AS HOUSING COUNSELING. DISPLACED HOMEMAKERS PROGRAM, RENTING 101 CLASSES, HUD FAMILY SELF SUFFICIENCY SERVICES, HUD HOUSING COUNSELING SERVICES, SMALL CITIES AND MINNESOTA HOUSING REHAB SERVICES, INCLUDING THE MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM, LEADERSHIP SKILLS TRAINING, ADMINISTRATION FOR CHILDREN'S MENTAL HEALTH ACTIVITIES AND ACTIVITIES TO PREVENT OUT OF HOME PLACEMENT OF CHILDREN IN STEARNS AND BENTON COUNTIES.

TRI-CAP ALSO OFFERS FREE TAX PREP ASSISTANCE THAT ALLOWED OVER 1600 HOUSEHOLDS TO RECEIVE OVER \$1.8 MILLION IN TAX RETURN REFUNDS.

OUR ADMINISTRATION ASSISTANCE TO THE CITY OF RICHMOND FOR THEIR COMMERCIAL REHAB PROGRAM BROUGHT AN ADDITIONAL \$11,723 OF FUNDS EXPENDED IN OUR AREA AND OUR WORK ON THE RENTAL REHAB PROGRAM IN RICHMOND BROUGHT AN ADDITIONAL \$28,272 OF FUNDS UTILIZED IN OUR COMMUNITIES.

THE INDIVIDUAL DEVELOPMENT ACCOUNTS (FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA) ASSISTED 8 PEOPLE WITH A BUSINESS ENDEAVOR FOR \$30,720; 10 PEOPLE WITH THEIR EDUCATION FOR \$ 38,400; 5 PEOPLE WITH PURCHASING A HOME FOR \$11,520 IN FUNDING BROUGHT TO THE TRI-COUNTY AREA. 95 INDIVIDUALS INCREASED THEIR SAVINGS BY \$15,742.

EXPENSES \$ 2,187,884. INCLUDING GRANTS OF \$ 185,878. REVENUE \$ 966,653.

FORM 990, PART VI, SECTION A, LINE 4: BYLAW CHANGES:

BOARD OF DIRECTORS MEMBERS REPRESENTING LOW INCOME SECTOR CAN REPRESENT AN AREA WITHOUT RESIDING IN IT IF THE BOARD OF DIRECTORS DEEMS THAT SUFFICIENT

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

REPRESENTATION IS PRESENT DUE TO THE DESIGNEE'S PROFESSIONAL DESIGNATION.

BOARD MEMBERS ARE NO LONGER LIMITED TO NO MORE THAN NINE YEARS OF SERVICE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR AND FINANCE COMMITTEE BEFORE IT IS SENT TO THE BOARD. A NOTICE IS MAILED TO EACH BOARD MEMBER THAT A DRAFT IS ON THE WEBSITE TO REVIEW. THE FINAL 990 IS APPROVED AT THE BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES BOARD MEMBERS TO ANNUALLY SIGN A CONFLICT OF INTEREST FORM, STATING THEY UNDERSTAND THE POLICY. IT IS THEIR RESPONSIBILITY TO NOTIFY THE REST OF THE BOARD AND MANAGEMENT IF A CONFLICT ARISES. MANAGEMENT IS AWARE OF POTENTIAL CONFLICTS AND ENSURES THE POLICY IS FOLLOWED.

FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT WAGE SURVEY WAS DONE, GIVING THE ORGANIZATION A FIVE YEAR PLAN FOR EACH POSITION. THE BOARD PERSONNEL COMMITTEE PRESENTED THE RECOMMENDED FIVE YEAR PLAN TO THE BOARD AND THE PLAN WAS APPROVED. EACH YEAR THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTORS REVIEW THEIR BUDGETS AND DETERMINE AFFORDABLE PERCENTAGE INCREASES FOR STAFF BASED ON STAFF PERFORMANCE FOR THE YEAR, TAKING INTO ACCOUNT THE RANGE OF THE FIVE YEAR PLAN BY POSITION. PROGRAM DIRECTORS COMPLETE STAFF EVALUATIONS ANNUALLY AND THE BOARD COMPLETES THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE STAFF EVALUATIONS ALONG WITH THE RECOMMENDED WAGE INCREASE FOR THAT STAFF PERSON. THE BOARD PERSONNEL COMMITTEE RECOMMENDS THE EXECUTIVE DIRECTOR'S WAGE INCREASE TO THE BOARD FOR VOTING.

Name of the organization

TRI-COUNTY ACTION PROGRAM, INC.

Employer identification number

41-6049739

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE HAS RESPONSIBILITY FOR THE SELECTION OF THE
INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE AUDIT.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 41-6049739

FOR YEAR ENDING: 09/30/2011

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: TRI-COUNTY ACTION PROGRAM, INC.

If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:
TRI-COUNTY ACTION PROGRAM, INC., TRI-CAP, TRI-CAP CONSTRUCTION,
TRI-CAP VOLUNTEER DRIVER PROGRAM, TRI-CAP TRANSIT CONNECTION, MORRTRANS

3. Mailing Address of Organization 1210 23RD AVENUE SOUTH, PO BOX 683
WAITE PARK, MN 56387

Physical Address of Organization 1210 23RD AVENUE SOUTH, PO BOX 683
WAITE PARK, MN 56387

4. Contact Person ANGELA LIESER E-mail ANGELA.LIESER@TRICAP.ORG
Tel. No. 320-251-1612 Fax No. 320-255-9518

5. Complete the following for the most recent twelve-month accounting year. While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the instructions.

INCOME

Contributions from the public
Government Grants
Other revenue
TOTAL REVENUE

For Year Ending: 09/30/2011
\$ 199,654.
\$ 5,444,501.
\$ 1,960,681.
\$ 7,604,836.

EXPENSES

Amount spent for program or charitable purposes
Management/general expense
Fund-raising expense
TOTAL EXPENSES

\$ 7,059,070.
\$ 500,030.
\$ 28,838.
\$ 7,587,938.

EXCESS or DEFICIT \$ 16,898.
TOTAL Assets \$ 5,029,899.
TOTAL Liabilities \$ 3,239,241.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 1,790,658.

For Office Use Only: ARF \$25 \$50 \$75 N (e-Postcard) 990 EZ PF FES SIG BD
 SAL Audit

6/11

Upon request this material can be made available in alternate formats.

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name _____
Address _____
City _____ State _____ ZIP _____ Compensation _____

7. Does this professional fund-raiser solicit or consult in Minnesota? Yes No

8. Month and day accounting year ends: 09/30

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.

Name _____
Street and Number _____
City _____ State _____ ZIP _____ Telephone # _____

2. Type of legal entity (Attach the creating document):

Nonprofit corporation Trust Unincorporated association

3. Place and date the organization was incorporated: _____
(state) (date)

4. Is the organization exempt from federal income taxes?

Yes (Attach a copy of the IRS determination letter) Status: 501(c)(_____)
 No Date organization submitted Form 1023 to the IRS _____

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN:

6. Has the organization been denied the right to solicit contributions?

a. By any government agency? Yes No If yes, attach explanation.
b. By any court? Yes No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:

- Arts & Culture Human Services Civic/Lobbying International Health
 Environment Mental Health Education Religious Other _____

Or: List the NTEE code(s) that describe the organization's purpose: _____

9. Which of the above two best describes the organization's primary purpose(s)?

1. _____ 2. _____

10. Check one or more methods of solicitation the organization anticipates using:

- Telephone appeals Grant writing Sweep Other _____
 Direct mail Internet Media

11. State the total contributions the organization received during the accounting year last ended:

\$ _____

12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. Attached

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-6.

1. Has the organization's accounting year changed since the last report was filed? Yes No

If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List the five highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of \$50,000 or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18. Due to changes in the law, for annual reports due after August 1, 2011, the compensation reporting threshold is \$100,000 and total compensation is defined as total amount reported on W2 (box 5) and/or Form 1099 MISC (box 7) issued by the organization and its related organizations.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. Attach a list of organization's board of directors. Attached Included in IRS return
5. Attach a GAAP audit if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). Audit not required
6. Minnesota law requires that an organization file a copy of any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)? Yes No (Not required to file a return with IRS or files with National Chapter).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. The following organizations must complete and return the statement of functional expenses below: 1) organizations that file a 990-N (e-Postcard), 990-EZ or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a _____				
b _____				
c _____				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

**BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

EXECUTIVE DIRECTOR _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

ANGELA THEISEN

Name (Print)

Name (Print)

Signature

Signature

EXECUTIVE DIRECTOR

Title

Title

Date

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #2757541-v1