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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 6 Open to Public Inspection

| А | ror the | e 20 16 calendar year, or tax year beginning and | enaing | _ | |
|--------------------------------|--------------------|--|---------------|-------------------------------------|---|
| В | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre | | | | |
| | Name chang | Doing business as | | 20-0 | 106847 |
| | Initial return | | Room/suite | E Telephone numbe | |
| | Final return | 3811 BEE CAVES ROAD, STE 108 | | | 879-3379 |
| _ | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,103,572. |
| Ļ | Amen | AUSIIN, IX /0/40 | | H(a) Is this a group re | |
| | Application pendi | | FE | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) € | or 527 | 1 ' | list. (see instructions) |
| | | te: COMMONTHREADS.ORG | | H(c) Group exemptio | |
| | | organization: X Corporation | L Year | of formation: 2003 N | $f 1$ State of legal domicile: ${f IL}$ |
| P | art I | Summary | | | |
| ė | | Briefly describe the organization's mission or most significant activities: TEACI | H LOW | INCOME CHIL | DREN TO |
| Activities & Governance | | COOK WHOLESOME AND AFFORDABLE MEALS. | | | |
| ern | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | ı ı | |
| Š | | | | 3 | 14 |
| <u>«</u> | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 14 |
| ies | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 32 |
| ₹ | | Total number of volunteers (estimate if necessary) | | | 250 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | 7b | 0. |
| | | | | Prior Year | Current Year |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 2,462,820. | 2,896,588. |
| ē | | Program service revenue (Part VIII, line 2g) | | 26,202. | 76,952. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,148. | 559. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -17,158. | 78,520. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,473,012. | 3,052,619. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,886,336. | 1,871,971. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 396,55 | | 0. | 0. |
| ă | b | | | 1 000 110 | |
| ш | 1/ | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,322,619. | 971,000. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,208,955. | 2,842,971. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -735,943. | 209,648. |
| Net Assets or Fund Balances | | | Ве | ginning of Current Year | End of Year |
| set | 20 | Total assets (Part X, line 16) | | 1,855,681. | 2,067,429. |
| A Po | 21 | Total liabilities (Part X, line 26) | | 126,524. | 128,624. |
| 컐 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,729,157. | 1,938,805. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedule: | | | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | Cignature of officer | | Doto | |
| Sig | ın | Signature of officer | | Date | |
| He | re | LINDA NOVICK O'KEEFE, CEO | | | |
| | | Type or print name and title | | Ooto I F | T DTIN |
| _ | | Print/Type preparer's name Preparer's signature// | | Date Check | PTIN |
| Pai | | SEAN HOLCOMB | | 1/13/2017 self-employe | |
| | parer | Firm's name MAXWELL LOCKE & RITTER LLP | | Firm's EIN | 74-2900215 |
| Use | Only | Firm's address 401 CONGRESS AVENUE, SUITE 1100 | | | 0 200 2002 |
| | | AUSTIN, TX 78701-9682 | | Phone no.51 | 2-370-3200 |
| Ма | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| | () | -0106847 | Page 2 |
|----|--|-------------------|--------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | TO EDUCATE LOW INCOME CHILDREN ON THE IMPORTANCE OF NUTRIT: | | |
| | PHYISCAL WELL BEING WHILE FOSTERING AN APPRECIATION OF CUL' | rural . | |
| | DIVERSITY, THROUGH COOKING WHOLESOME AND AFFORDABLE MEALS. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as meas | ured by expense | s. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the | e total expenses, | and |
| | revenue, if any, for each program service reported. | | |
| 4a | | | 263. |
| | IN 2016, COMMON THREADS SERVED MORE THAN 67,000 CHILDREN A | | |
| | THROUGH EIGHT DIFFERENT NUTRITION AND HEALTHY COOKING PROGR | | |
| | PROVIDED PROFESSIONAL DEVELOPMENT TO MORE THAN 3,000. OUR | | 5 |
| | PLAYED A VITAL ROLE IN HELPING CHILDREN, ESPECIALLY THOSE | | |
| | UNDERSERVED COMMUNITIES, LEARN NUTRITION AND HANDS-ON COOK | | |
| | EMPOWERING THEM TO BE AGENTS OF CHANGE FOR HEALTHIER FAMIL | IES, SCHO | OLS |
| | AND COMMUNITIES. | | |
| | | /=== | |
| | COMMON THREADS PARTNERED WITH 376 SUMMER PROGRAM PARTNERS | | |
| | TO OUR 175 SCHOOLS) TO BRING OUR SMALL BITES NUTRITION EDUC | | |
| | STUDENTS BEYOND THE REGULAR SCHOOL YEAR. BUILDING PARTNERS | | |
| | LEADING LOCAL ORGANIZATIONS ENHANCED AND DEEPENED OUR REACH | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
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| 4d | Other program services (Describe in Schedule O.) | | |
| →u | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 40 | Total program service expenses 2 - 278 - 223 | | |

Form 990 (2016) COMMON THREADS Part IV Checklist of Required Schedules

| | | | Yes | NO |
|-----|---|------|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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 | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | 37 |
| | Schedule D, Part III | 8 | | X |
| 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? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 40 | | Х |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Λ |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 7,7 |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 1/16 | | х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | - 22 |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |

Form 990 (2016) COMMON THREADS Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|--|-----|-----|----|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 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 | | Х |
| 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 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 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 |
| С | 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | |
| 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 37 |
| | 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? | 20 | х | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | 27 | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Senior the number oported in Box 3 of Form 1006. Enter 0- If not applicable In 92 Ib 0 0 | | Check if Schedule O contains a response or note to any line in this Part V | | | |
|---|-----|---|------------|-----|-------------|
| b Enter the number of Forms W20 included in line 1a. Enter 0-if not applicable 10 10 10 10 10 10 10 1 | | | | Yes | No |
| b Enter the number of Forms W-26 included in line 1a. Enter -0. If not applicable | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| Column Complete | | | | | |
| gamblingly winnings to prize winners? ■ Eriter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return ■ 1 | | <u> </u> | | | |
| 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fleed for the candinar year anding with or within the year covered by this return. 1b 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 Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Us the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Note the authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If "Yes," a first the anamed the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization shell exclusible as charitable contributions? 5c Was the "Yes," did the organization fine form 8898 as charitable contributions or aparty to prohibited tax shelter transaction? 7c Organization shell exclusible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9c Was the organization shell exchange, or otherwise dispose of tangible personal property for which it was required 1b | _ | | 1c | | |
| tiled for the calendary year ending with or within the year covered by this return 1 | 2a | I I | | | |
| b If a 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) 3a | | 1 1 2 | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a I of the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, "has the filed a Form 990 Tor this year? If 1'No," to line 3, provide an explanation in Schedule O 3b I file organization country such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country to a bank as a bank account, and the financial accountry over, a financial account in a foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b I was 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 Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If 1'Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If 1'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If the organization receive apayment in excess of \$76 made partly as contribution and partly for goods and services provided to the payor? 7c If 1'Yes," did the organization neceive apayment in excess of \$76 made partly as contribution and partly for goods and services provided to the payor? 7c If 1'Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? filed during the year 6b If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f I X 9f If the organizatio | b | , | | Х | |
| 3a | - | | | | |
| the fif "Yes," has it filed a Form 990-T for this year? fir "No," to line 3b, 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. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country: ▶ 5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a of 5b, of the organization file Form 886817? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms or 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? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization seed a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes, "did the organization notify the donor of the value of the goods or services provided? 7 If the Form 8282? 6 Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required 7 to file Form 8282? 6 If "Yes," inclinate the number of Forms 8282 filed during the year 8 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable | 3а | | 3a | | Х |
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| a Initiation fees and capital contributions included on Part VIII, line 12 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 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year l Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand 13b 2 3c 14a 3x 3x | | | | | |
| 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 1b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 13c 14a 14a 14a 15c | | | | | |
| a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 14a X | | | | | |
| a Gross income from members or shareholders 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? 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? 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 c Enter the amount of reserves on hand 13b 13c 14a X | | <u> </u> | | | |
| 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 2 India | | | | | |
| 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? 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? 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 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 | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 13b 13c 14a X | 12a | | 12a | | |
| 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? 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 c Enter the amount of reserves on hand 13b 13c 14a X | | | | | |
| 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 c Enter the amount of reserves on hand 13b 13c 14a X | | | | | |
| 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 c Enter the amount of reserves on hand 13b 13b 14a X | | | 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 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 | | | | | |
| organization is licensed to issue qualified health plans 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 | · | | | |
| c Enter the amount of reserves on hand | - | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | С | | | | |
| | | Did the second still a second | 14a | | Х |
| | | | | | |

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 or note to any line in this Part VI | | | X |
|-----|--|---------|------|----|
| Sec | tion 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 | | | |
| | 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 0. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 1 | | | |
| 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 | Х | |
| 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: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | Х |
| Sec | tion 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 | Х | |
| 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►CA, IL | | | |
| 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) and 990-T (| ıvailab | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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 | l finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | HOLLY RAYMOND - 512-879-3379 | | | |
| | 3811 BEE CAVES ROAD SUITE 108, AUSTIN, TX 78746 | | | |

Form 990 (2016) COMMON THREADS 20-0106847 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

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

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

| (A) Name and Title | (B) Average hours per | box | not c | Pos heck ss pe | more erson | than | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|------------------------------|--|------------------|-----------------------|----------------------|---------------|------------------------------|------|--|--|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | | Highest compensated employee | Ĺ | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) ART SMITH | 1.00 | ., | | 37 | | | | 0 | 0 | 0 |
| PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) JESUS SALGUEIRO | 1.00 | X | | x | | | | 0. | 0. | 0. |
| VICE PRESIDENT | 1.00 | 1 | | ^ | | | | 0. | 0. | <u> </u> |
| (3) LYNDA COFFMAN VICE CHAIR | 1.00 | X | | x | | | | 0. | 0. | 0. |
| (4) MIKE DENMAN | 1.00 | | | | | | | | | |
| SECRETARY | | x | | Х | | | | 0. | 0. | 0. |
| (5) JIMM COBB | 1.00 | | | | | | | | | |
| TREASURER | | X | | Х | | | | 0. | 0. | 0. |
| (6) MICHELLE BERNSTEIN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) ALBERTO CARVALHO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) NEIL COTTY | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) SARITA RAO DANDAMUDI | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) CHERYL KISER | 1.00 | ↓ | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) CANDACE MUELLER MEDINA | 1.00 | ١ | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) MARLENE SCHMIDT | 1.00 | X | | | | | | 0. | 0. | 0. |
| OIRECTOR (13) ELIZABETH WISE | 1.00 | 1 | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) EMILY SACHS WONG | 1.00 | <u> </u> | | | | | | 0. | 0. | · · |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) LINDA NOVICK O'KEEFE | 40.00 | 122 | | | | | | | 0. | |
| CEO | 10.00 | 1 | | Х | | | | 140,870. | 0. | 4,442. |
| (16) HOLLY RAYMOND | 40.00 | \vdash | | ᢡ | | | | | | |
| CFO | | | | Х | | | | 84,915. | 0. | 7,172. |
| | | | | | | | | | | |
| 00007 44 44 40 | | | | | | | | | | Earm 990 (2016) |

| Fait VII Section | on A. Officers, Directors, Trus | itees, Key Em | рюу | /ees | , and | a Hi | ıgne | st C | compensated Employe | es (continuea) | | | | |
|-----------------------|--|---|--------------------------------|-----------------------|----------------------|---|------------------------------|--------------|--------------------------------------|--|---------------|-------------|--|------------------|
| | (A) Name and title | (B) Average hours per week (list any | box, | not c , unle | Pos heck ss pe | more rson irecto | than is bot or/trus | h an tee) | (D) Reportable compensation from the | (E) Reportable compensatie from related organization | on d ns | am com | (F) timate nount o other pensa | of tion |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MI | SC) | orga and | om the anizati d relate anizatio | ion ed |
| | | | | | | | | | | | ļ | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | \Box | | | | | | | | | | | |
| | | | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | continuation sheets to Part V | | | | | | | > | 225,785. | | 0. | 1 | 1,6 | $\frac{14}{0}$. |
| d Total (add I | ines 1b and 1c) | | | | | | | <u> </u> | 225,785. | | 0. | 1 | 1,6 | 14. |
| | er of individuals (including but non from the organization | ot limited to th | iose | liste | ed al | bove | e) wł | no re | eceived more than \$100 | 0,000 of reportab | ıle | | | 1 |
| 3 Did the orga | nization list any former officer, | director, or tru | uste | e. ke | ev er | nplo | ovee. | . or | highest compensated e | mplovee on | | | Yes | No |
| line 1a? <i>If</i> ") | es," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| • | vidual listed on line 1a, is the su organizations greater than \$15 | = | | - | | | | | • | the organization | | 4 | | Х |
| | son listed on line 1a receive or a the organization? If "Yes," com | | | | | | | elat | ed organization or indiv | idual for services | 3 | 5 | | Х |
| | pendent Contractors | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| | nis table for your five highest co ation. Report compensation for | | | | | | | | | | npens | ation f | rom | |
| | (A) | | | | | | <u> </u> | | (B) | | | (C | | |
| | Name and business | address | NC | INC | <u> </u> | | | | Description of s | services | | Comper | nsatioi | <u> </u> |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | er of independent contractors (if compensation from the organi | - | ot lir | mite | d to | tho | se lis | sted | d above) who received n | nore than | | | | |
| Ψ.00,000 01 | 55poneadon nom the organi | | | | | | | | | | | | 000 // | |

20-0106847

Form 990 (2016) COMMON Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | or note to any li | ne in this Part VIII | | | |
|--|------------|--|-----------------|-------------------|----------------------|--|--------------------------------|--|
| | | | <u></u> | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| t s | 1 a | Federated campaigns | 1a | 50,000. | | | | 012 014 |
| ran | | Membership dues | | | 1 | | | |
| ΩĔ, | | Fundraising events | | | - | | | |
| ifts Ir A | | Related organizations | ······ | | - | | | |
| nils | | | ······ | | | | | |
| Sir | | Government grants (contribut | | | - | | | |
| uti | ' | All other contributions, gifts, gran | | 846,588. | | | | |
| 함 | | similar amounts not included abo | | 23,287. | - | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Noncash contributions included in lines | | | 2,896,588. | | | |
| <u> </u> | n | Total. Add lines 1a-1f | | Business Code | | | | |
| o o | 0.0 | PROGRAM SERVICE | PEES | 611519 | 76,952. | 76,952. | | |
| vice | 2 a | | | 011313 | 10,552. | 10,552. | | |
| Ser | b | | | | | | | |
| m Ver | C | | | | | | | |
| gra Re | d | | | | | | | |
| Program Service Revenue | e | All able as assessed as well as | | | | | | |
| | | All other program service reve | | | 76,952. | | | |
| _ | 3 | Total. Add lines 2a-2f | | | 70,332. | | | |
| | 3 | other similar amounts) | | | 559. | | | 559. |
| | 4 | Income from investment of tax | | | 337. | | | 333. |
| | 5 | Royalties | | | | | | |
| | 3 | noyalties | (i) Real | (ii) Personal | | | | |
| | 6.0 | Gross rents | (i) Neai | (II) Fersorial | - | | | |
| | | | | | - | | | |
| | | Less: rental expenses | | | - | | | |
| | | Rental income or (loss) Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of | (i) Securities | | | | | |
| | / a | | (i) Securities | (ii) Other | - | | | |
| | h | assets other than inventory Less: cost or other basis | | | - | | | |
| | b | | | | | | | |
| | • | and sales expenses | | | - | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | ····· | | | | |
| nue | оа | Gross income from fundraising | | | | | | |
| ver | | including \$ contributions reported on line | of | | | | | |
| . Be | | Part IV, line 18 | • | 122,162. | | | | |
| Other Reven | h | Less: direct expenses | | 50,953. | - | | | |
| ō | | Net income or (loss) from fund | | | 71,209. | | | 71,209. |
| | | Gross income from gaming ac | | | , 1,200. | | | , 1,200. |
| | <i>9</i> a | Part IV, line 19 | | | | | | |
| | h | Less: direct expenses | | | - | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | 10 a | and allowances | | | | | | |
| | h | Less: cost of goods sold | | | - | | | |
| | | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 2 | OTHER INCOME | | 611519 | 7,311. | 7,311. | | |
| | b | | | 10-5 | , ==== | , | | |
| | C | | | | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 7,311. | | | |
| | 12 | Total revenue. See instructions. | | | 3,052,619. | 84,263. | 0. | 71,768. |

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 respon | | | | L |
|----|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 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 domestic organizations | | | | |
| _ | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| J | trustees, and key employees | 237,399. | 185,354. | 14,701. | 37,344 |
| 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 | 1,445,119. | 1,128,300. | 89,492. | 227,327 |
| 8 | Pension plan accruals and contributions (include | . , | . , | , - | , |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 80,288. | 57,005. | 6,423. | 16,860 |
| 10 | Payroll taxes | 109,165. | 77,507. | 8,733. | 22,925 |
| 11 | Fees for services (non-employees): | - | - | | · |
| а | | | | | |
| b | | | | | |
| С | [| 45,285. | 34,115. | 6,446. | 4,724 |
| d | Lobbying | | | | |
| е | D (' 1(1 ' ' ' O D ' N' ' ' 47 | | | | |
| f | Investment management fees | | | | |
| g | //r/: 44 | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 68,378. | 52,930. | 8,915. | 6,533 |
| 12 | Advertising and promotion | 24,833. | 18,935. | 1,286. | 4,612 |
| 13 | Office expenses | 104,519. | 88,654. | 3,459. | 12,406 |
| 14 | Information technology | 105,776. | 95,421. | 4,743. | 5,612 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 119,130. | 95,886. | 5,068. | 18,176 |
| 17 | Travel | 189,481. | 173,955. | 3,385. | 12,141 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 6,583. | 6,583. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 62 255 | 40.000 | 2 004 | 14 866 |
| 22 | Depreciation, depletion, and amortization | 63,355. | 48,308. | 3,281. | 11,766 |
| 23 | Insurance | 13,703. | 10,448. | 710. | 2,545 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD AND SUPPLIES | 190,875. | 190,875. | 0. | 0 |
| b | MISCELLANEOUS EXPENSE | 29,082. | 13,947. | 11,508. | 3,627 |
| c | BAD DEBT EXPENSE | 10,000. | 0. | 0. | 10,000 |
| d | | | | | · · · |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,842,971. | 2,278,223. | 168,150. | 396,598 |
| 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 SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2016)

Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | |
|-----------------------------|------|---|--------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 1,364,686. | 2 | 1,764,542. |
| | 3 | Pledges and grants receivable, net | 306,600. | 3 | 146,250. |
| | 4 | Accounts receivable, net | | 4 | 34,574. |
| | 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 | | | |
| ţ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ä | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | 28,034. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 242, 711 | | | |
| | b | Less: accumulated depreciation 10b 148,682 | . 151,783. | 10c | 94,029. |
| | 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) | 1,855,681. | 16 | 2,067,429. 128,624. |
| | 17 | Accounts payable and accrued expenses | 126,524. | 17 | 128,624. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S S | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Ě | | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (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 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 126,524. | 26 | 128,624. |
| | | Organizations that follow SFAS 117 (ASC 958), check here X and | | | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| auc | 27 | Unrestricted net assets | | 27 | 1,055,364. |
| Bal | 28 | Temporarily restricted net assets | 1,026,278. | 28 | 883,441. |
| 힏 | 29 | Permanently restricted net assets | | 29 | |
| Ī | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ō | | and complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | 4 46 |
| Z | 33 | Total net assets or fund balances | 1,729,157. | 33 | 1,938,805. |
| | 34 | Total liabilities and net assets/fund balances | 1,855,681. | 34 | 2,067,429. |

20-0106847 Page **12**

| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | Pa | Tt XI Reconciliation of Net Assets | | | | |
|--|----|--|------------|------|-----|-----|
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 209 , 648 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized galins (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements complied or reviewed by an independent accountant? 2a X 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolida | | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 209 , 648 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized galins (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements complied or reviewed by an independent accountant? 2a X 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolida | | | | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Poliver changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1, 938, 805 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 3 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: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | |
| 4 1,729,157 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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: X Separate basis Consolidated basis Both consolidated and separate basis c 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | |
| 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth i | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,72 | 9,1 | 57. |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1, 938, 805 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 Debth consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The column (B) The contains a response or note to any line in this Part XII The containing method used to prepare the Form 990: The counting method used to prepare the Form | 6 | Donated services and use of facilities | 6 | | | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Accounting method used to prepare the Form 990: Cash X Accrual Other 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: Separate basis Consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: The Yes, Th | 7 | Investment expenses | 7 | | | |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | 8 | Prior period adjustments | 8 | | | |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Accounting method used to prepare the Form 990: | 10 | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 | | column (B)) | 10 | 1,93 | 8,8 | 05. |
| Accounting method used to prepare the Form 990: | Pa | rt XII Financial Statements and Reporting | | | | |
| Accounting method used to prepare the Form 990: | | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| 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? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | Yes | No |
| Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| Separate basis | | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | separate basis, consolidated basis, or both: | | | | |
| 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | consolidated basis, or both: | | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | С | | e audit, | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | | Act and OMB Circular A-133? | | 3a | | Х |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits | b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| of addits, explain with in deficialle of and describe any steps taken to undergo such addits | | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization COMMON THREADS 20-0106847 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

| Sec | Section A. Public Support | | | | | | |
|------|--|-----------------------------|---------------------|----------------------|---------------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,498,425. | 1,897,974. | 2,131,640. | 2,462,820. | 2,896,588. | 10,887,447. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 1,498,425. | 1,897,974. | 2,131,640. | 2,462,820. | 2,896,588. | 10,887,447. |
| 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) | | | | | | 5,123,338. |
| | Public support. Subtract line 5 from line 4. | | | | | | 5,764,109. |
| | Section B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 4 | 1,498,425. | 1,897,974. | 2,131,640. | 2,462,820. | 2,896,588. | 10,887,447. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 4,957. | 2,080. | 2,289. | 1,148. | 559. | 11,033. |
| _ | and income from similar sources | 4,337. | 2,000. | 2,209. | 1,140. | 339. | 11,033. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 2,597. | 10,578. | 4 685. | -17,158. | 78,520. | 79,222. |
| 11 | assets (Explain in Part VI.) | 273371 | 10/3/01 | 1,0031 | 1771300 | 7073200 | 10,977,702. |
| 12 | Gross receipts from related activities, | etc (see instructi | l nns) | | | 12 | 280,156. |
| 13 | First five years. If the Form 990 is for | | | d fourth or fifth ta | | | |
| .0 | organization, check this box and stor | - | mot, occoria, triir | a, rourar, or mar to | ax your as a soons | 11 00 1(0)(0) | > |
| Sec | ction C. Computation of Publ | | rcentage | | | | |
| | Public support percentage for 2016 (| | | olumn (f)) | | 14 | 52.51 % |
| 15 | Public support percentage from 2015 | | | | | 15 | 54.91 % |
| 16a | 33 1/3% support test - 2016. If the | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies as a publicly supported organization ▶ X | | | | | | |
| b | b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2016. 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 VI how the organization | | | | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2015. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explair | n in Part VI how the | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | ualifies as a publi | cly supported orga | anization | ▶□ |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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

(Complete only if you checked the box on line 10 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.)

| Se | qualify under the tests listed below, please complete Part II.) Section A. Public Support | | | | | | |
|--|--|-------------------|---------------------|----------------------|---------------------|---------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2012 | (b) 2013 | (6) 2014 | (u) 2013 | (e) 2010 | (i) iotai |
| ' | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| • | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) 🖊 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | the organization' | s first second this | rd fourth or fifth t | ax vear as a sectio | n 501(c)(3) organi: | zation |
| •• | | · · | | | - | | |
| Se | ction C. Computation of Publi | | | | | | |
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % | | | | | | | |
| | | | | | | 16 | <u> </u> |
| | 16 Public support percentage from 2015 Schedule A, Part III, line 15 | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| | 19a 33 1/3% support tests - 2016. 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 | | | | | | |
| .56 | more than 33 1/3%, check this box ar | | | | | | |
| ı | 33 1/3% support tests - 2015. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | | | | | | | |
| 20 | O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c | | | Yes | No |
|---|-----|-----|-------|------|
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | 1 | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | 2 | | |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | 3a | | |
| 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | 3b | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | | | | |
| 4b 4c 5a 5b 5c 6 7 8 9a 9b | | 3c | | |
| 4c 5a 5b 5c 6 7 8 9a 9b | | 4a | | |
| 4c 5a 5b 5c 6 7 8 9a 9b | | | | |
| 5a 5b 5c 6 7 8 9a 9b | | 4b | | |
| 5a 5b 5c 6 7 8 9a 9b | | | | |
| 5b 5c 6 7 8 9a | | 4c | | |
| 5b 5c 6 7 8 9a | | | | |
| 5c 6 7 8 9a 9b | | 5a | | |
| 5c 6 7 8 9a 9b | | 5b | | |
| 7 8 9a 9b | | 5с | | |
| 7 8 9a 9b | | | | |
| 9a 9b | | 6 | | |
| 9a 9b | | | | |
| 9a 9b | | 7 | | |
| 9a 9b | | c | | |
| 9b | | ð | | |
| 9b | | 9a | | |
| | | - 5 | | |
| 9c | | 9b | | |
| | | 9с | | |
| | | | | |
| 10a | | 10a | | |
| | | | | |
| 10b n 990 or 990-EZ) 2016 | n O | | 10-F7 | 2016 |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|---|----------|-----|----|
| | (OSTIMINACY) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | <u> </u> | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | 71 11 5 5 | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | , , , , , , , , , , , , , , , , , , , | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | , | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | anizations | | |
|------|---|-----------|------------------------------|--------------------------------|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete \$ | Sections A through E. | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3 | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other | | | | |
| | factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | |
| | see instructions) | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by .035 | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 85% of line 1 | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions) | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y integra | ated Type III supporting org | ganization (see | |
| | instructions). | | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Par | TV Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|--------------------|---|-------------------------------|-----------------------------------|----------------------------------|
| Secti | ion D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | ns | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | е | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| J C UII | on E Distribution Anocations (See motifications) | | F16-2010 | Amount for 2010 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| е | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; | | | |
|---------|---|--|--|--|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. | | | |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

COMMON THREADS 20-0106847

| Organization type (check one): | | | | | | |
|--|---|---|--|--|--|--|
| Filers of | : | Section: | | | | |
| Form 99 | 0 or 990-EZ | $oxed{X}$ 501(c)($oxed{3}$) (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| Note: Or | 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special | Rules | | | | | |
| X | For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | year, contributions is checked, enter h purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., anplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \bi | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization Employer identification number

COMMON THREADS 20-0106847

| Part I | Contributors (See instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ | Person X Payroll Noncash Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | | Person X Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

COMMON THREADS 20-0106847

| Part I | Contributors (See instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

COMMON THREADS

20-0106847

| Part II | Noncash Property (See instructions). Use duplicate copies of Part II if | additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number COMMON THREADS 20-0106847 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

| Nam | e of the organization COMMON THREADS | | Employer identification number 20-0106847 |
|------|--|---|--|
| Pai | | Funds or Other Similar Funds | |
| 1 31 | organization answered "Yes" on Form 990, Part IV, line | | |
| - | Signification and voice 100 on | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| | | | |
| 4 | Aggregate value at end of year Did the organization inform all donors and donor advisors in wr | | al formation |
| 5 | - | _ | |
| | are the organization's property, subject to the organization's ex | | |
| 6 | Did the organization inform all grantees, donors, and donor adv | | |
| | for charitable purposes and not for the benefit of the donor or o | | |
| Pai | | nization anguared "Vas" on Form 900. De | |
| | | · | artiv, iiile 7. |
| 1 | Purpose(s) of conservation easements held by the organization | · | inally increased and large |
| | Preservation of land for public use (e.g., recreation or edu | · — | rically important land area |
| | Protection of natural habitat | Preservation of a certifi | ed historic structure |
| • | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | d conservation contribution in the form o | |
| | day of the tax year. | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | |
| р | Total acreage restricted by conservation easements | | |
| С. | Number of conservation easements on a certified historic structure of the | | |
| d | Number of conservation easements included in (c) acquired aff | | 1 1 |
| _ | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | organization during the tax |
| | year | arrant to to retend N | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | | |
| Ü | Land volunteer rours devoted to morntoning, inspecting, ne | and in ig or violations, and emorcing conse | ervation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conservati | on easements during the year |
| • | ▶ \$ | ig of violations, and officially concervati | on odeomente dannig the year |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170(h | n)(4)(B)(i) |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizatio | | |
| | conservation easements. | | y y |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Otl | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 90, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC | 958), not to report in its revenue stateme | ent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhib | oition, education, or research in furtheran | ce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describe | es these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | 958), to report in its revenue statement a | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, edu | cation, or research in furtherance of publ | ic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical treas | | |
| | the following amounts required to be reported under SFAS 116 | 6 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

| Pai | rt III Organizations Maintaining | Collections of A | rt, Historical T | reasures, o | r Other | Similar As | sets(continu | ued) |
|------|--|-------------------------|------------------------|------------------|---------------|------------------|----------------|------------|
| 3 | Using the organization's acquisition, access | sion, and other record | ls, check any of th | e following that | t are a sigr | nificant use of | its collection | items |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or ex | change progra | ms | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's of | collections and explain | n how they further | the organization | on's exemp | ot purpose in | Part XIII. | |
| 5 | During the year, did the organization solicit | or receive donations | of art, historical tre | asures, or othe | er similar a | ssets | | |
| | to be sold to raise funds rather than to be n | | | | | | Yes | No_ |
| Pai | rt IV Escrow and Custodial Arrai | • | ete if the organizati | on answered " | Yes" on F | orm 990, Part | IV, line 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo | | | | | | | |
| | on Form 990, Part X? | | | | | | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the fo | llowing table: | | | | | |
| | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| 1 | Ending balance | | | | | | | |
| | Did the organization include an amount on I | | | | • | 7 | Yes | No |
| | rt V Endowment Funds. Complete | | | | | | | |
| ı aı | Endowment i unus: Complete | 1 1 | | | |) Three years ba | ock (a) Four | voare back |
| 4. | Designing of year balance | (a) Current year | (b) Prior year | (C) TWO years | S DACK (U | Tillee years be | ick (e) rour | years back |
| | Beginning of year balance | | | | | | | |
| b | A1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
| q | | | | | | | | |
| e | 0.1 | | | | | | | |
| ٦ | | | | | | | | |
| f | and programs Administrative expenses | | | | | | | |
| a | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the cu | | e (line 1a. column | (a)) held as: | I | | l | |
| a | | | % | (4)) | | | | |
| b | | % | _ ^3 | | | | | |
| | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | | | | | | | |
| За | Are there endowment funds not in the poss | | ation that are held | and administer | red for the | organization | | |
| | by: | - | | | | - | Ţ- | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiz | | | | | | | |
| 4 | Describe in Part XIII the intended uses of th | | wment funds. | | | | | |
| Pai | rt VI Land, Buildings, and Equipr | nent. | | | | | | |
| | Complete if the organization answere | ed "Yes" on Form 990 | | | , Part X, lir | ne 10. | | |
| | Description of property | (a) Cost or o | | st or other | . , | umulated | (d) Book | value |
| | | basis (investn | nent) basis | s (other) | depre | eciation | | |
| | Land | | | | | | | |
| | • | | | 17 150 | | 7 1 5 0 | | |
| С | Leasehold improvements | | | 17,152. | | 7,152. | O 4 | 0. |
| d | Equipment | | | 25,559. | 13 | 31,530. | 94 | ,029. |
| | Other | | | 10) | | | 0.4 | 020 |
| ıota | II. Add lines 1a through 1e. (Column (d) must | equai ⊦orm 990, Part | x, column (B), line | 1UC.) | | | 94 | ,029. |

| Complete if the organization answered "Yes" tion of security or category (including name of security) all derivatives held equity interests | (b) Book value | | : Cost or end-of-year market value |
|---|--|--|---|
| ıl derivatives | , | | , |
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| n) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | • | • | |
| - | on Form 990, Part IV, li | ne 11c. See Form 990, Part X, I | ine 13. |
| (a) Description of investment | (b) Book value | | : Cost or end-of-year market value |
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| n) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Other Assets. | | | |
| | | ne 11d. See Form 990, Part X, I | |
| (a) | Description | | (b) Book value |
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| Other Liabilities. | | | ▶ |
| | on Form 990, Part IV, li | | art X, line 25. |
| * | | (b) Book value | |
| eral income taxes | | | |
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| | | | |
| mn (b) must equal Form 990, Part X, col. (B) lin | | | |
| | (a) Description of investment) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, Ii (a) Description of investment (b) Book value) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, Ii (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, Ii (a) Description of liability | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I (a) Description of investment (b) Book value (c) Method of valuation (c) Method of valuation (d) Book value (e) Method of valuation (e) Method of valuation (f) M |

| Pai | rt XI | Reconciliation of Revenue per Audited Financial State | ements With | Revenue per R | eturn | |
|--------|--------|--|-------------------|---------------|---------|---------------------|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | | 1 | 3,683,236. |
| 2 | Amou | unts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | | nrealized gains (losses) on investments | | 550 664 | | |
| b | | ted services and use of facilities | | 579,664. | | |
| С | | veries of prior year grants | | F0 0F2 | | |
| d | | r (Describe in Part XIII.) | | 50,953. | _ | 620 617 |
| e | | ines 2a through 2d | | | 2e | 630,617. |
| 3 | | ract line 2e from line 1 | | | 3 | 3,032,019. |
| 4 | | unts included on Form 990, Part VIII, line 12, but not on line 1: | امدا | | | |
| a b | | tment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.) | | | | |
| C | | | | | 4c | 0. |
| 5 | | ines 4a and 4b revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,052,619. |
| | | Reconciliation of Expenses per Audited Financial State | | | _ | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | |
| 1 | Total | expenses and losses per audited financial statements | | | 1 | 3,473,588. |
| 2 | | unts included on line 1 but not on Form 990, Part IX, line 25: | | , | | |
| а | | ted services and use of facilities | 2a | 579,664. | | |
| b | | year adjustments | | | | |
| С | | r losses | _ | | | |
| d | Other | r (Describe in Part XIII.) | 2d | 50,953. | | |
| е | Add li | ines 2a through 2d | | | 2e | 630,617. |
| 3 | Subtr | ract line 2e from line 1 | | | 3 | 2,842,971. |
| 4 | Amou | unts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | | tment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | | r (Describe in Part XIII.) | 4b | | | 0 |
| С | | ines 4a and 4b | | | 4c | 0. |
| 5 | | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |) | | 5 | 2,842,971. |
| | | Supplemental Information. | 5 | 101 5 | | V. II. O. D. 1.V. |
| | | e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | | | i; Part | X, line 2; Part XI, |
| ines | zu and | d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional infort | nation. | | |
| | | | | | | |
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| | | | | | | |
| PAI | RT X | II, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | <u> </u> | | | | |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | IUE FOR F | ORM 990 | | 50,953. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT X | III, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | | | | | |
| ייה | | | | | | |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | IUE FOR F | ORM 990 | | 50,953. |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | IUE FOR F | ORM 990 | | 50,953. |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| 5PI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| SPI | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| 511 | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| 511 | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | UE FOR F | ORM 990 | | 50,953. |
| 5P1 | ECIA | AL EVENT EXPENSE NETTED AGAINST REVEN | IUE FOR F | ORM 990 | | 50,953. |

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMON THREADS Employer identification number 20-0106847

| Part I Fundraising Activities required to complete this par | Complete if the organization answer t. | red "\ | es" o | n Form 990, Part IV, | line 17. Form 990-E2 | I filers are not |
|--|---|--------------------------|--|-----------------------------------|--|---|
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fund have o or cor | Did raiser ustody atrol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Total | | | . ▶ | | | |
| List all states in which the organization or licensing. | on is registered or licensed to solicit | contrik | outions | s or has been notified | d it is exempt from re | egistration |
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20-0106847 Page 2 Schedule G (Form 990 or 990-EZ) 2016 COMMON THREADS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CHICAGO MIAMI (add col. (a) through COOK-OFF COOKING FOR col. (c)) (event type) (event type) (total number) Revenue 122,162. 92,491. 13,711. 15,960. 1 Gross receipts 2 Less: Contributions 92,491. 13,711. 15,960. 122,162. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 25,438. 17,708. 7,807. 50,953. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

| Schedule G | (Form | 990 or | 990-EZ | 2016 |
|------------|-------|--------|--------|------|
| Concadic a | (. 0 | 000 0. | | |

b If "No," explain:

b If "Yes," explain:

| Sch | nedule G (Form 990 or 990-EZ) 2016 COMMON THREADS 20 | -0106 | 847 | Page 3 |
|-----|--|------------|----------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | ., | |
| | to administer charitable gaming? | Ш | Yes | └── No |
| | Indicate the percentage of gaming activity conducted in: | مدا | ı | 0.4 |
| | a The organization's facility | | + | <u>%</u> |
| | An outside facility | 13b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| k | o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | Name ▶ | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Carming manager compensation > \$\psi | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | ☐ No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ; | | |
| _ | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II | I, lines 9 | , 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | | | |
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| Schedule 0 | G (Form 990 or 990-EZ) | COMMON THREADS | 20-0106847 Page 4 |
|------------|---|---------------------|-------------------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | rmation (continued) | |
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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 Open to Public Inspection

Name of the organization

COMMON THREADS

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 20-0106847

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NINE MAJOR US CITIES: AUSTIN, CHICAGO, JACKSONVILLE, LOS ANGELES,

MIAMI, NEW ORLEANS, NEW YORK, PITTSBURGH AND WASHINGTON DC!

ONLINE PLATFORMS ARE BECOMING THE NORM FOR LEARNING KNOWLEDGE AND SKILLS AND ONE OF THE MOST FREQUENT REQUESTS WE HEAR IS FOR A DIGITAL RESOURCE TO SUPPORT OUR NUTRITION EDUCATION. COMMON THREADS MADE COMMON BYTES, OUR DIGITAL LEARNING PLATFORM, MORE WIDELY AVAILABLE IN 2016 AND POSITIONED THE APPLICATION FOR NATION-WIDE ACCESS.

FORM 990, PART VI, SECTION A, LINE 2:

PRESIDENT ART SMITH AND VICE PRESIDENT JESUS SALGUEIRO ARE LIFE PARTNERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS, AND ANY QUESTIONS OR COMMENTS ARE ADDRESSED BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE CFO, CEO AND SECRETARY OF THE BOARD FOR COMPLIANCE. ANY ISSUES ARE DISCUSSED WITH MEMBERS, THERE HAVE BEEN NO CONCERNS TO DATE.

FORM 990, PART VI, SECTION B, LINE 15:

MARKET BANDING DATA WAS RESEARCHED FOR EACH POSITION BASED ON SIZE OF THE NON-PROFIT, GEOGRAPHIC LOCATION, TYPE OF SERVICE PROVIDED BY THE NON-PROFIT AND POSITION HELD.

| Name of the organization COMMON THREADS | | Employer identification number 20-0106847 |
|--|------------|---|
| | | |
| THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENS | SATION ARE | EVALUATED BY THE |
| PRESIDENT AND VICE PRESIDENT OF THE BOARD OF DIE | RECTORS. S | ALARY ADJUSTMENTS |
| FOR THE EXECUTIVE DIRECTOR ARE MADE AFTER BEING | COMPARED | TO SIMILAR |
| ORGANIZATIONS AND ARE APPROVED BY THE EXECUTIVE | COMMITTEE | OF THE BOARD OF |
| DIRECTORS. | | |
| | | |
| ALL OTHER EMPLOYEES PARTICIPATE IN THE ORGANIZAT | rion's ann | UAL PERFORMANCE |
| REVIEW PROCESS, AND ANY RESULTING SALARY ADJUSTS | MENTS ARE | DETERMINED BY THE |
| EXECUTIVE DIRECTOR. | | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| COMMON THREADS' GOVERNING DOCUMENTS, CONFLICT OF | FINTEREST | POLICY AND |
| FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPO | ON REQUEST | • |
| | | |
| FORM 990, PART XII, LINE 2C: | | |
| THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVE | ERSIGHT OF | THE AUDIT OF |
| THE FINANCIAL STATEMENTS AND THE SELECTION OF A | N INDEPEND | ENT |
| ACCOUNTANT. | | |
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