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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C Name of organization**  
THE THRESHOLDS

**Doing Business As**

**Number and street (or P O box if mail is not delivered to street address)** 4101 NORTH RAVENSWOOD

**City or town, state or country, and ZIP + 4** CHICAGO, IL 60613

**D Employer identification number**

36-2518901

**E Telephone number**

(773) 572-5200

**G Gross receipts \$** 51,981,384

**F Name and address of principal officer**  
GAVIN FARRY  
4101 NORTH RAVENSWOOD  
CHICAGO, IL 60613

**H(a) Is this a group return for affiliates?**  Yes  No

**H(b) Are all affiliates included?**  Yes  No  
If "No," attach a list (see instructions)

**H(c) Group exemption number** ►

**I Tax-exempt status**  501(c) ( 3 ) ► (insert no)  4947(a)(1) or  527

**J Website:** ► WWW THRESHOLDS ORG

**K Form of organization**  Corporation  Trust  Association  Other ► **L Year of formation** 1963 **M State of legal domicile** IL

**Part I Summary****1 Briefly describe the organization's mission or most significant activities**

THRESHOLDS ASSISTS AND INSPIRES PEOPLE WITH SEVERE MENTAL ILLNESSES TO RECLAIM THEIR LIVES BY PROVIDING THE SUPPORT, SKILLS, AND THE RESPECTFUL ENCOURAGEMENT THAT THEY NEED TO ACHIEVE HOPEFUL AND SUCCESSFUL FUTURES. WE STRIVE TO BE THE PROVIDER OF CHOICE, EMPLOYER OF CHOICE, AND A WORLD LEADER IN THE DEVELOPMENT AND EVALUATION OF REHABILITATION AND RECOVERY SERVICES

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

<b>3 Number of voting members of the governing body (Part VI, line 1a)</b>	3	39
<b>4 Number of independent voting members of the governing body (Part VI, line 1b)</b>	4	39
<b>5 Total number of employees (Part V, line 2a)</b>	5	1,164
<b>6 Total number of volunteers (estimate if necessary)</b>	6	7
<b>7a Total gross unrelated business revenue from Part VIII, column (C), line 12</b>	7a	0
<b>b Net unrelated business taxable income from Form 990-T, line 34</b>	7b	0

		<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h)	44,613,233	42,412,121	
9 Program service revenue (Part VIII, line 2g)	5,119,560	6,394,592	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,827	440,746	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	511,967	588,916	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,437,587	49,836,375	

		<b>Prior Year</b>	<b>Current Year</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,187,075	33,949,650	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 582,055			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,062,089	14,388,927	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	50,249,164	48,338,577	
19 Revenue less expenses Subtract line 18 from line 12	188,423	1,497,798	

		<b>Beginning of Current Year</b>	<b>End of Year</b>
20 Total assets (Part X, line 16)	36,134,405	39,732,948	
21 Total liabilities (Part X, line 26)	13,176,065	14,364,023	
22 Net assets or fund balances Subtract line 21 from line 20	22,958,340	25,368,925	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
***** Signature of officer GAVIN FARRY CFO Type or print name and title	2011-02-25 Date		
Preparer's signature ► KIMBERLY HAUMANN	Date 2011-02-25	Check if self-employed ►	Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► BLACKMAN KALICK LLP 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606	EIN ►
	Phone no ► (312) 207-1040

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

THRESHOLDS ASSISTS AND INSPIRES PEOPLE WITH SEVERE MENTAL ILLNESSES TO RECLAIM THEIR LIVES BY PROVIDING THE SUPPORT, SKILLS, AND THE RESPECTFUL ENCOURAGEMENT THAT THEY NEED TO ACHIEVE HOPEFUL AND SUCCESSFUL FUTURES WE STRIVE TO BE THE PROVIDER OF CHOICE, EMPLOYER OF CHOICE, AND A WORLD LEADER IN THE DEVELOPMENT AND EVALUATION OF REHABILITATION AND RECOVERY SERVICES

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 16,955,009 including grants of \$ ) (Revenue \$ )  
PREVENTION OF REHOSPITALIZATION TO PROVIDE COMPREHENSIVE MENTAL HEALTH ASSISTANCE TO INDIVIDUALS FACING THE CHALLENGE OF RECOVERY FROM MENTAL ILLNESS THRESHOLDS PROVIDES SERVICES TO APPROXIMATELY 6200 CLIENTS

**4b** (Code ) (Expenses \$ 15,230,527 including grants of \$ ) (Revenue \$ 2,867,963 )  
INDEPENDENT LIVING TO PROVIDE A FULL RANGE OF HOUSING OPPORTUNITIES FOR INDIVIDUALS FACING THE CHALLENGE OF RECOVERY FROM MENTAL ILLNESS THRESHOLDS PROVIDES HOUSING TO APPROXIMATELY 750 INDIVIDUALS

**4c** (Code ) (Expenses \$ 9,549,895 including grants of \$ ) (Revenue \$ )  
VOCATIONAL AND SOCIAL REHABILITATION TO PROVIDE VOCATIONAL TRAINING AND/OR WORK OPPORTUNITIES TO INDIVIDUALS FACING THE CHALLENGE OF RECOVERY FROM MENTAL ILLNESS THRESHOLDS PROVIDES VOCATIONAL SERVICE TO APPROXIMATELY 465 INDIVIDUALS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 41,735,431

**Part IV Checklist of Required Schedules**

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

11 Is the organization's answer to any of the following questions "Yes"? If so, 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, Part VI.
- 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.
- 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.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

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

12A Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

12A  Yes

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

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

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

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

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
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	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 116	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1,164	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		No
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Yes	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Yes	No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	Yes	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	39	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	39	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ► IL

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 GAVIN FARRY CFO  
 4101 N RAVENSWOOD  
 CHICAGO, IL 60613  
 (773) 572-5360

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

**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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	▶	999,719	0	82,548
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►8**

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

## Section B. Independent Contractors

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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
D&V MAINTENANCE 2425 W 14TH ST UNIT B CHICAGO, IL 60668	MAINTENANCE CONTRACTOR	185,758
MARK AMDUR 53 W JACKSON ST SUITE 1503 CHICAGO, IL 60604	PSYCHIATRIC SERVICES FOR MEMBERS	182,029
COMMUNITY COUNSELING SERVICES PO BOX 27462 NEW YORK, NY 10087	PSYCHIATRIC SERVICES FOR MEMBERS	140,000
BLACKMAN KALLICK LLP 10 S RIVERSIDE PLAZA SUITE 900 CHICAGO, IL 60606	ACCOUNTING SERVICES	137,380
JAGANNATH DEVULAPALLY MD 1700 W VAN BUREN ST 5TH FLOOR CHICAGO, IL 60612	PSYCHIATRIC SERVICES FOR MEMBERS	122,993
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►8</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	53,127				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	39,936,551				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,422,443				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		110,957				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		42,412,121				
Program Service Revenue	Business Code						
			<b>2a</b> RESIDENTIAL FEES	531,390	2,867,963	2,867,963	
			<b>b</b> SERVICE FEE INCOME	531,390	1,503,919	1,503,919	
			<b>c</b> SOCIAL ENTERPRISE	531,190	1,462,324	1,462,324	
			<b>d</b> CONTRACTUAL AGREEMENTS	531,190	458,535	458,535	
			<b>e</b> NON MEMBER RENT	531,390	98,851	98,851	
			<b>f</b> All other program service revenue		3,000	3,000	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		6,394,592				
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		149,014		149,014			
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
<b>5</b> Royalties . . . . .							
<b>6a</b> Gross Rents	(i) Real	(ii) Personal					
<b>b</b> Less rental expenses	177,575						
<b>c</b> Rental income or (loss)	177,575						
<b>d</b> Net rental income or (loss) . . . . .		177,575		177,575			
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
<b>b</b> Less cost or other basis and sales expenses	1,526,127	703,775					
<b>c</b> Gain or (loss)	1,746,398	191,772					
<b>d</b> Net gain or (loss) . . . . .	-220,271	512,003	291,732	291,732			
<b>8a</b> Gross income from fundraising events (not including \$ 53,127 of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>a</b> 535,126						
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b> 206,839	328,287		328,287			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> MISCELLANEOUS INCOME		900,099	83,054	83,054			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		83,054					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		49,836,375	6,477,646	0	946,608		

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	403,757		403,757	
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	26,867,547	24,354,698	2,148,304	364,545
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	145,003		145,003	
9 Other employee benefits . . . . .	4,214,424	3,741,986	416,465	55,973
10 Payroll taxes . . . . .	2,318,919	2,070,916	217,005	30,998
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	10,723	1,853	4,870	4,000
c Accounting . . . . .	123,562	62	123,500	
d Lobbying . . . . .	48,000	48,000		
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	1,104,169	821,969	279,355	2,845
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	1,974,757	1,589,317	332,096	53,344
14 Information technology . . . . .	749,481	507,949	222,633	18,899
15 Royalties . . . . .				
16 Occupancy . . . . .	3,640,740	3,366,468	268,847	5,425
17 Travel . . . . .	743,461	688,526	50,405	4,530
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	144,170	95,332	38,935	9,903
20 Interest . . . . .	331,019	79,004	252,015	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	1,543,732	723,818	819,914	
23 Insurance . . . . .	84,570	32,444	52,126	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a MEMBER SERVICES	2,775,091	2,773,901	1,190	
b PROGRAM ACTIVITIES	502,089	496,737	2,905	2,447
c FIDUCARY EXPENSES	155,341	155,341		
d BAD DEBT EXPENSE	137,426	103,335	20,033	14,058
e DUES AND SUBSCRIPTIONS	57,211	21,895	33,107	2,209
f All other expenses	263,385	61,880	188,626	12,879
25 Total functional expenses. Add lines 1 through 24f	48,338,577	41,735,431	6,021,091	582,055
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	5,110,611	<b>1</b> 9,747,639
	<b>2</b> Savings and temporary cash investments . . . . .	2	
	<b>3</b> Pledges and grants receivable, net . . . . .	2,666,160	<b>3</b> 2,510,250
	<b>4</b> Accounts receivable, net . . . . .	586,939	<b>4</b> 198,651
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	6	
	<b>7</b> Notes and loans receivable, net . . . . .	7	
	<b>8</b> Inventories for sale or use . . . . .	8	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	597,198	<b>9</b> 628,106
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	30,064,473
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	16,109,202
		15,141,718	<b>10c</b> 13,955,271
	<b>11</b> Investments—publicly traded securities . . . . .	6,465,028	<b>11</b> 7,301,702
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	12	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	2,997,043	<b>13</b> 1,826,384
	<b>14</b> Intangible assets . . . . .	14	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,569,708	<b>15</b> 3,564,945
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	36,134,405	<b>16</b> 39,732,948
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	2,676,458	<b>17</b> 3,108,720
	<b>18</b> Grants payable . . . . .	18	
	<b>19</b> Deferred revenue . . . . .	595,702	<b>19</b> 1,408,039
	<b>20</b> Tax-exempt bond liabilities . . . . .	7,198,011	<b>20</b> 6,598,011
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	1,086,946	<b>21</b> 1,045,490
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,115,647	<b>23</b> 1,048,171
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	503,301	<b>25</b> 1,155,592
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,176,065	<b>26</b> 14,364,023
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	20,723,499	<b>27</b> 22,994,088
	<b>28</b> Temporarily restricted net assets . . . . .	1,373,297	<b>28</b> 1,513,293
	<b>29</b> Permanently restricted net assets . . . . .	861,544	<b>29</b> 861,544
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33</b> Total net assets or fund balances . . . . .	22,958,340	<b>33</b> 25,368,925
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	34	39,732,948

**Part XI Financial Statements and Reporting**

**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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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 . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

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

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

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  **a**  Type I      **b**  Type II      **c**  Type III - Functionally integrated      **d**  Type III - Other

f  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	42,401,100	43,990,590	45,846,820	44,613,233	42,412,121	219,263,864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	42,401,100	43,990,590	45,846,820	44,613,233	42,412,121	219,263,864
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						219,263,864

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	42,401,100	351,853	45,846,820	44,613,233	42,412,121	219,263,864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	371,556	351,853	650,188	286,662	149,014	1,809,273
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		128,026	355,106	934,873	83,054	1,501,059
11 <b>Total support</b> (Add lines 7 through 10)						222,574,196
12 Gross receipts from related activities, etc (See instructions)					12	24,473,480

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 510 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 490 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 <b>Private Foundation</b> 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 IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2518901  
**Name:** THE THRESHOLDS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee		
RYAN D CAHILL PRESIDENT/DIRECTOR	1 00	X		X				0	0
MICHAEL SZKATULSKI VICE PRESIDENT/DIRECTOR	1 00	X		X				0	0
JEFFREY M JOSEPHS TREASURER/DIRECTOR	1 00	X		X				0	0
RAND E ARONS SECRETARY/DIRECTOR	1 00	X		X				0	0
WILLIAM J FAIRBANKS ASSISTANT SECRETARY/DIR	1 00	X		X				0	0
CARL J ALAIMO DIRECTOR	1 00	X						0	0
MARGOT ANDERSEN DIRECTOR	1 00	X						0	0
ANDY ANDERSON JR DIRECTOR	1 00	X						0	0
JANA C BARBE DIRECTOR	1 00	X						0	0
RAYMOND BARBOSA DIRECTOR	1 00	X						0	0
SAMUEL E BOTTUM DIRECTOR	1 00	X						0	0
ROGER O BROWN DIRECTOR	1 00	X						0	0
PAMELA BUFFETT DIRECTOR	1 00	X						0	0
LINDA DENSON DIRECTOR	1 00	X						0	0
HAROLD E D'ORAZIO DIRECTOR	1 00	X						0	0
JOEL C FALK DIRECTOR	1 00	X						0	0
JUDY FRIEDMAN DIRECTOR	1 00	X						0	0
M FRED FRIEDMAN DIRECTOR	1 00	X						0	0
DEAN H GOOSSEN DIRECTOR	1 00	X						0	0
RONALD B GRAIS DIRECTOR	1 00	X						0	0
MRS MAX A HEART DIRECTOR	1 00	X						0	0
GREGORY HEDGES DIRECTOR	1 00	X						0	0
MARY JO HERSETH DIRECTOR	1 00	X						0	0
MRS MELVILLE HILL JR DIRECTOR	1 00	X						0	0
VICKI HORWICH DIRECTOR	1 00	X						0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
RICHARD J LOEWENTHAL JR DIRECTOR	1 00	X					0	0	0
ROXANE MARTINO DIRECTOR	1 00	X					0	0	0
MRS HENRY MAUTNER DIRECTOR	1 00	X					0	0	0
KEITH E MCCLINTOCK DIRECTOR	1 00	X					0	0	0
JOSEPH MOOS DIRECTOR	1 00	X					0	0	0
ANNE MARIE MORLEY DIRECTOR	1 00	X					0	0	0
LT JEFF MURPHY DIRECTOR	1 00	X					0	0	0
STEPHEN PERLIN DIRECTOR	1 00	X					0	0	0
TAMMY CUTLER RANDA DIRECTOR	1 00	X					0	0	0
CHRISTINE M RHODE DIRECTOR	1 00	X					0	0	0
JEFFREY A REIMER DIRECTOR	1 00	X					0	0	0
LINDA G SAHAGIAN DIRECTOR	1 00	X					0	0	0
CHRIS SEGAL DIRECTOR	1 00	X					0	0	0
MRS LOUIS BEHR LIFE-DIRECTOR	1 00	X					0	0	0
THEODORE BOSLER LIFE-DIRECTOR	1 00	X					0	0	0
WILLIAM CRANE LIFE-DIRECTOR	1 00	X					0	0	0
E ALLAN EPSTEIN LIFE-DIRECTOR	1 00	X					0	0	0
HOWARD GALPER LIFE-DIRECTOR	1 00	X					0	0	0
JAMES W MABIE LIFE-DIRECTOR	1 00	X					0	0	0
MARTIN N SANDLER LIFE-DIRECTOR	1 00	X					0	0	0
ANTHONY ZIPPLE CHIEF EXECUTIVE OFFICER	40 00		X				256,655	0	22,698
FREDERICK HAUSMANN FORMER CHIEF FINANCIAL OFFICER	40 00		X				118,470	0	5,934
GAVIN FARRY CHIEF FINANCIAL OFFICER	40 00		X				0	0	0
JAY D FORMAN VP STRATEGIC DEVELOPMENT	40 00			X			124,831	0	8,987
DEBRA L PAVICK CHIEF CLINICAL OFFICER	40 00				X		118,834	0	3,218

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
RHONDA RHODES FORMER VP HUMAN RESOURCES	40 00				X		108,070	0	15,586
STEVEN WEINSTEIN CHIEF MEDICAL DIRECTOR	40 00				X		166,650	0	23,299
JOHN WALKER CHIEF INFORMATION OFFICER	40 00				X		90,472	0	8,032
SANDRA WILKNISS FORMER DIRECTOR OF RESEARCH	40 00				X		106,209	0	2,826
NOEL JACKSON FORMER CHIEF FINANCIAL OFFICER	0 00					X	17,721	0	0

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded f rom Tax under IRC 512, 513, or 514</b>
RESIDENTIAL FEES	531,390	2,867,963	2,867,963		
SERVICE FEE INCOME	531,390	1,503,919	1,503,919		
SOCIAL ENTERPRISE	531,190	1,462,324	1,462,324		
CONTRACTUAL AGREEMENTS	531,190	458,535	458,535		
NON MEMBER RENT	531,390	98,851	98,851		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
MEMBER SERVICES	2,775,091	2,773,901	1,190	
PROGRAM ACTIVITIES	502,089	496,737	2,905	2,447
FIDUCARY EXPENSES	155,341	155,341		
BAD DEBT EXPENSE	137,426	103,335	20,033	14,058
DUES AND SUBSCRIPTIONS	57,211	21,895	33,107	2,209

## **SCHEDULE C**

**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

## THE THRESHOLDS

Employer identification number

36-251890

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures

**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3)**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		<b>The lobbying nontaxable amount is:</b> 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2006</b>	<b>(b) 2007</b>	<b>(c) 2008</b>	<b>(d) 2009</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		48,250
<b>j</b> Total lines 1c through 1i			48,250
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	CONSULTANT IS PAID TO MONITOR TRENDS/EVENTS IN STATE GOVERNMENT Consultant provides advocacy to state government on behalf of the Organization as circumstances warrant

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

THE THRESHOLDS

**Employer identification number**

36-2518901

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	6,589,775	8,496,231			
b Contributions . . . . .	5,000	96,668			
c Investment earnings or losses . . . . .	801,814	-1,950,346			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	22,874	52,778			
g End of year balance . . . . .	7,373,715	6,589,775			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 78 000 % %

b Permanent endowment ► 10 000 % %

c Term endowment ► 12 000 % %

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

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		941,890		941,890
b Buildings . . . . .		22,804,335	11,041,613	11,762,722
c Leasehold improvements . . . . .		612,370	511,992	100,378
d Equipment . . . . .				
e Other . . . . .		5,705,878	4,555,597	1,150,281
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				<b>13,955,271</b>

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

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

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total** (Column (b) should equal Form 920, Part X, col (B), line 15)

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )** **1,155,592**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	49,836,375
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,338,577
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,497,798
4	Net unrealized gains (losses) on investments	4	912,787
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	912,787
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,410,585

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	50,749,162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	912,786
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	912,786
3	Subtract line 2e from line 1	3	49,836,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	49,836,376

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

1	Total expenses and losses per audited financial statements	1	48,338,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	48,338,577
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	48,338,577

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part IV, Line 2b		CUSTODIAL FUND Social Security payments and insurance benefits received on behalf of members are deposited in custodial accounts maintained at various program sites. The funds are deposited in several non-interest bearing bank accounts. The funds are owed to the members and are available for their benefit and are payable to them on demand when the individuals are able to manage their own affairs.
Part V, Line 4	Description of Intended Use of Endowment Funds	THRESHOLDS' ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE PURPOSES INCLUDE THE PARTIAL FUNDING OF HEALTH CARE CLINICS WITH THE UNIVERSITY OF ILLINOIS, PROVIDING SCHOLARSHIPS FOR THOSE RECOVERING FROM SEVERE MENTAL ILLNESS, DONATIONS TO BUILD OUT THE THRESHOLDS RESEARCH INSTITUTE, DONATIONS FOR SEVERAL RESEARCH PROGRAMS, DONATIONS TO HIRE A SUPPORTIVE HOUSING SPECIALIST, AND DONATIONS WHICH SUPPORT THE AGENCY'S JUSTICE PROGRAMS.
Part X	Description of Uncertain Tax Positions Under FIN 48	Taxes The Thresholds and Affiliated Organizations are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law. The Agency's adoption of the Income Tax Topic regarding uncertain tax positions of GAAPUSA on July 1, 2009 had no effect on its financial position as management believes the Agency has no material unrecognized income tax benefits. The Agency would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as interest /other expense. The Agency is no longer subject to examination by tax authorities for federal, state or local income taxes for periods before 2007. Prior to adoption of the Income Tax Topic, the Agency accounted for tax positions under a contingent loss model, requiring recognition of a tax liability when it was both (1) probable that it had been incurred as of year-end and (2) the amount could be reasonably estimated.

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

## Open to Public Inspection

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Department of the Treasury  
Internal Revenue Service

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**Employer identification number**

36-251890

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

<b>1</b> Indicate whether the organization raised funds through any of the following activities. Check all that apply	
<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and e-mail solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	
<b>2a</b> Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF &amp; TENNIS</u> (event type)	(b) Event #2 <u>YOUNG AT HEART</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	376,005	212,248		588,253
	2 Less Charitable contributions . . .	53,127			53,127
	3 Gross income (line 1 minus line 2) . . .	322,878	212,248		535,126
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	92,450	73,725		166,175
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	28,526	12,138		40,664
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				206,839
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				328,287

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . .				
Direct Expenses	2 Cash prizes . . .				
	3 Non-cash prizes . . .				
	4 Rent/facility costs . . .				
	5 Other direct expenses . .				
	6 Volunteer labor . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities . . .	Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 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? . . . . .	12	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>a</b> The organization's facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>b</b> An outside facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> <b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<input type="checkbox"/> <b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	<input type="checkbox"/> <b>17a</b>	

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

THE THRESHOLDS

**Employer identification number**

36-2518901

**Part I Questions Regarding Compensation**

Yes

No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation

**Schedule K  
(Form 990)****2009**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

**Open to Public  
Inspection**Name of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY DEMAND REVENUE BONDS SERIES 2005			11-01-2005	8,000,000	FINANCE AQUISITION, CONSTRUCTION, RESTORATION OF VARIOUS PROPERTIES		X		X

**Part II Proceeds**

		A		B		C		D		E	
		Yes	No								
1	Total proceeds of issue										
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion										
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

**Part III Private Business Use**

		A		B		C		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		3,153	retail value
5 Clothing and household goods . . . . .	X		4,150	retail value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	46,804	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
BIKES &				
25 Other ►( <u>HELMETS</u> ) . . . . .	X	2	56,850	RETAIL VALUE
26 Other ►( _____ ) . . . . .				
27 Other ►( _____ ) . . . . .				
28 Other ►( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.**

**Name of the organization**  
THE THRESHOLDS**Employer identification number**

36-2518901

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL MEMBERS OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWS THE COPY AND MEETS WITH THE INDEPENDENT CPA FIRM AFTER FORM 990 IS ACCEPTED BY THE FINANCE COMMITTEE. A COPY IS PROVIDED TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.
Form 990, Part VI, Section B, line 12c		OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.
Form 990, Part VI, Section B, line 15a		THE CEO HAS AN EMPLOYMENT CONTRACT THAT IS EVALUATED ANNUALLY BY THE BOARD'S EXECUTIVE COMMITTEE. IF ANY CHANGES ARE MADE TO CURRENT COMPENSATION PARAMETERS, THE EXECUTIVE COMMITTEE WOULD REVIEW AND APPROVE THE CHANGES AND WOULD THEN BRING THEM TO THE FULL BOARD FOR A VOTE.
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

## Name of the organization

THE THRESHOLDS

## Employer identification number

36-2518901

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MENARD LIMITED PARTNERSHIP 4101 N RAVENSWOOD CHICAGO, IL60613 36-3942457	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL		RELATED	-668	2,445,406		No		Yes	
ROWAN TREES LIMITED PARTNERSHIP 4101 N RAVENSWOOD CHICAGO, IL60613 36-4107843	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL		RELATED	-1,267	2,458,233		No		Yes	
WAYNE STREET APARTMENTS LIMITED PARTNERSHIP 4101 N RAVENSWOOD CHICAGO, IL60613 36-4146707	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL		RELATED	-17	3,092,227		No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MENARD APARTMENT CORP 4101 N RAVENSWOOD CHICAGO, IL60613 36-3942447	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C			100 000 %
ROWAN TREES APARTMENT INC 4101 N RAVENSWOOD CHICAGO, IL60613 36-4096242	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C			100 000 %
WAYNE STREET APARTMENT INC 4101 N RAVENSWOOD CHICAGO, IL60613 36-4147098	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C			100 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
<b>(1)</b> See Additional Data Table			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

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

**Software ID:**  
**Software Version:**  
**EIN:** 36-2518901  
**Name:** THE THRESHOLDS

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
THI-5 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3783908	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-6 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3783907	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-7 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3783909	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-8 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3783910	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-9 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3967813	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-10 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3967815	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-11 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3967819	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-12 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-4168062	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-13 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-4168063	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-14 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-4168066	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THRESHOLDS HOUSING INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3071248	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
TRANSITIONAL HOUSING INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3191926	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
HOUSING ASSOCIATES INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3252608	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	
THI-4 INC  4101 N RAVENSWOOD AVENUE CHICAGO, IL60613 36-3783906	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	509(A)(3)	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	THRESHOLDS HOUSING INC	P	36,000
(2)	THRESHOLDS HOUSING INC	O	52,843
(3)	TRANSITIONAL HOUSING INC	P	93,000
(4)	TRANSITIONAL HOUSING INC	O	78,092
(5)	HOUSING ASSOCIATES INC	P	71,000
(6)	HOUSING ASSOCIATES INC	O	60,477
(7)	THI-4 INC	P	47,910
(8)	THI-4 INC	O	50,598
(9)	THI-5 INC	P	64,918
(10)	THI-5 INC	O	64,688
(11)	THI-6 INC	P	66,347
(12)	THI-6 INC	O	47,043
(13)	THI-7 INC	P	53,425
(14)	THI-7 INC	O	36,605
(15)	THI-8 INC	P	82,094
(16)	THI-8 INC	O	69,482
(17)	THI-9 INC	P	65,000
(18)	THI-9 INC	O	47,579
(19)	THI-10 INC	P	51,000
(20)	THI-10 INC	O	52,406
(21)	THI-11 INC	P	48,044
(22)	THI-11 INC	O	52,481
(23)	THI-12 INC	P	38,000
(24)	THI-12 INC	O	47,447
(25)	THI-13 INC	P	65,658
(26)	THI-13 INC	O	63,678
(27)	THI-14 INC	P	53,168
(28)	THI-14 INC	O	65,279
(29)	MENARD LIMITED PARTNERSHIP	P	127,050
(30)	MENARD LIMITED PARTNERSHIP	O	205,497
(31)	ROWAN TREES LIMITED PARTNERSHIP	P	91,451
(32)	ROWAN TREES LIMITED PARTNERSHIP	O	217,322
(33)	WAYNE STREET APARTMENTS LIMITED PARTNERSHIP	P	69,840
(34)	WAYNE STREET APARTMENTS LIMITED PARTNERSHIP	O	269,494