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# SCANNED. JUL 07 2919.

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Form	-31	ь.		į

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

inte	never	tue Service	► Information ab	our rorm san and	its instruction	IS IS ST WWW	.irs.go	IV/IOMISS	<i>)</i>	mopec	
A	For the	2013 cale	ndar year, or tax year beginn	ning JANUA	RY 1 ,	2013, and en	ding	DECEM	IBER 31	, 20 13	
В	Check if	applicable:	C Name of organization THREA	DS OF HOPE, INC					D Employ	er identification n	umber
	Address	change	Doing Business As							26-1557840	
	Name ch	hande	Number and street (or P.O. box	if mail is not delivere	d to street addres	ss) Room	√surte		E Telepho	ne number	
$\Box$	Initial ret	-	9447 N. OAKWOOD AVENUI	F		1				920-722-5471	
$\overline{\Box}$	Terminal		City or town, state or province,		preign postal code	 B					
$\exists$	Amende		NEENAH, WI 54956		•				G Gross r	ecerots \$	824,728
H			F Name and address of principal of	officer			$\neg$	Hile) in the a gr		subordinates? Yes	
ш	Applicati	on pending	•						-	s included? Yes	=
			ALEX KUHLOW, 805 EDWA				$\overline{}$			is included? L	
<u> </u>		mpt status:	✓ 501(c)(3) □ 501	(c) ( ) < (inser	t no.) 🗌 4947(a)	)(1) or <u></u>				•	113)
<u>J</u> _	Website		w.threadsofhope.com.ph			T		H(c) Group	<del></del>		
K				ociation		L Year of for	mation	2007	M State	of legal domicile:	WI
į.	art I	Summ									
	1	Briefly de	escribe the organization's m	nission or most s	ignificant acti	vities:					
8		Assist ec	onomically oppressed in und	leveloped countri	es		<del>_</del>				
Ē	]										
Activities & Governance	2	Check th	is box ▶ ☐ if the organizati	on discontinued	its operations	s or dispose	d of n	nore than	25% of	its net assets.	
é	3	Number	of voting members of the go	overning body (F	art VI, line 1a	)			3		7
45	4	Number	of independent voting mem	bers of the gove	ming body (P	art VI, line 1	b) .		4		7
8	5		nber of individuals employe	<b>—</b>	•				5	-	
₹	6		nber of volunteers (estimate	•					6	-	50
ğ	7a		elated business revenue fro		mn (C) line 1	2			7a		0
_	. ъ		ated business taxable incor	·	• •		•	• • •	7b		
_	<del>                                     </del>	THOU WINE	ated business taxable incol	THE HOILT OTHER S	90-1, IIIC 04	<del></del> -	<del>i ·</del>	Prior Ye		Current Ye	
	8	Contribut	tions and grants (Part VIII, li	no 1h)	(a)	<del>,</del> -	- -:				
9	J		• •	•	NE Some	V-0			18,170		60,671
Revenue		-	service revenue (Part VIII, li	- , , ,		<u> </u>	181		0	· — <u> </u>	0
8			nt income (Part VIII, column		743		414				
	11	Other rev	enue (Part VIII, column (A),	lines 5, 6d, 8c; 9	c, 10c, and 1	ge)2/114	121		626,537		243,319
			enue-add lines 8 through 1			(A), line 12)	1351	<del> </del>	645,450		304,404
			nd similar amounts paid (Pa			1.	1		112,203		191,277
	14		paid to or for members (Par						0		0
88	15	Salaries,	other compensation, employe	ee benefits (Part I	X, column (A),	1ines 5=10)-			0		0
Expenses	16a	Professio	nal fundraising fees (Part IX	(, column (A), lin	e 11e)		L		0		0
- 5	ь	Total fund	draising expenses (Part IX,	column (D), line 2	25) ▶						
Ü	17	Other exp	penses (Part IX, column (A),	lines 11a-11d, 1	1f-24e) .				79,766		72,154
	18	Total exp	enses. Add lines 13-17 (mu	ust equal Part IX,	column (A), li	ine 25) .			191,969		263,431
_		-	less expenses. Subtract lin	•		•			453,481		40,973
58							Begi	nning of Cur		End of Yea	
ssets c		Total ass	ets (Part X, line 16)					1	,144,173	1	,231,749
A Se	l		ilities (Part X, line 26)						24,896		71,499
Net A Fund	22		s or fund balances. Subtract	ct line 21 from lir	 20		-			-	
	irt II		ure Block	ot mio 21 nomin		<del></del>	٠		,119,277	·	,160,249
_			<del></del>					40 00 40 40	- 1		halad at a
			ry, I declare that I have examined to ste. Declaration of preparer (other t							ny knowledge and	Deller, it is
			2011/11					<del> </del>	11:0	1	
Sig	ın	<u></u>	ature of officer	<u>'</u> -				Dat	4//2	18014	
		Sign		/	70.	_ /_		Date	U		
He	re		TEX RUNIOW	Executi	iye Bin	ector				<del></del>	
			or print name and title		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				122	
Pa	id	Pnnt/Tyj	oe preparer's name	Preparer's signa	ture		Date		Check [	] if PTIN	
_	epare	r L							self-emp	<del></del>	
	e Onl	I 4	ame ▶					Firm	's EIN ▶		
_	~ <b>~</b> (11)	,	ddress ▶						ne no.		
Ma	y the IR	S discuss	this return with the prepare	er shown above?	? (see instruct	ions)				· · 🗌 Yes	No
For	Paperw	rork Redu	tion Act Notice, see the sep	arate instructions	<del></del>	Cat	. No. 1	1282Y			90 (2013)





Part	
1	Check if Schedule O contains a response or note to any line in this Part III
ı	To assist economically oppressed people in underdeveloped countries in establishing home enterprises that will provide income
	through the development of products that can be sold worldwide. To use the funds to meet the physical, education, and spiritual
	needs of the communities where the products are produced and to help young women and children from becomig targets for
	prostitution.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 148,792 including grants of \$ 148,792 ) (Revenue \$ )
	Provided funds to build a school building to allow Aninuam Community Church to meet educational and spiritual needs
	of students in the community and also, funds to improve capacity of two smaller community buildings.
	***************************************
4b	(Code: ) (Expenses \$ 12,501 including grants of \$ 12,501) (Revenue \$ )
	Provided ministry and special project support for the Aninuam Community including pastoral support, medical care,
	clothing and shoe wear.
	***************************************
	•••••••••••••••••••••••••••••••••••••••
4c	(Code: ) (Expenses \$ 20,754 including grants of \$ ) (Revenue \$ )
	Costs incurred to grow the business including selling expenses, promotions, occupancy and travel expenses
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 29,984 including grants of \$ 29,984) (Revenue \$ )
4e	Total program service expenses ► 212,091
	TOTAL COLUMN TOTAL

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		(3) (3) 4	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	116		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	- 12b	-	<b>√</b> -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>\</b>	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<b>√</b>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		·	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	•	<b>√</b>
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 (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
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			<u>*</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>*</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>

Part	Checklist of Required Schedules (continued)			
	<b>7</b>		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time dunng the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, , ,	,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,		,	
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	. [
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Г	163	1 140
1a	Enter the name of operate in period in period in the contract of the contract	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	ł	1
_	reportable gaming (gambling) winnings to prize winners?	1c	<del> </del>	├
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ļ	١.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	l		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ĺ		
	account)?	4a	✓_	
b	If "Yes," enter the name of the foreign country: ▶ Philippines			1
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b></b>	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<del>                                     </del>	<del>                                     </del>
OG.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ua		+
b	,	6b		
_	gifts were not tax deductible?	OD		┼
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>_</b> _	1	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			T T
- 8	Did the organization make any taxable distributions under section 4966?	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		-	1
a	Initiation fees and capital contributions included on Part VIII, line 12		1	Í
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ł	1	
b		ł		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		1	1
a	Gross income from members or shareholders			
b	· · · · · · · · · · · · · · · · · · ·			
	against amounts due or received from them.)		1	į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	l	1	
13	Section 501(c)(29) qualified nonprofit health Insurance issuers.	<u> </u>	<u> </u>	1
8	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O.	l		1
b	Enter the amount of reserves the organization is required to maintain by the states in which	[	ľ	
	the organization is licensed to issue qualified health plans		}	
C	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

Form 99	90 (2013)		1	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	See ins	structi	
Secti	on A. Governing Body and Management		• •	<u> </u>
Secu	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		√ √ √
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
	the year by the following:	8a	,	
a b	The governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	•	<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>✓</b>	<b>✓</b>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	!	✓
13	Did the organization have a written whistleblower policy?	13		✓
14 15 =	Did the organization have a written document retention and destruction policy?	14		~~
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Wisconsin  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Christine Kuhlow, 805 Edwards Street, Neenah, WI 54956 920-558-9652	of the	)	

orm	990	(2013)	)

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# 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	zatio	on c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	office of directe	unles	Pos heck ss pe	erson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	line)	ıstee	trustee		8	pensated				organizations
(1) ALEX KUHLOW, EXECUTIVE DIRECTOR	40+			1				o	o	
(2) CHRIS KUHLOW, DIRECTOR	40+	1						0	0	
(3) HARVEY ERICKSON, TREASURER				1		:		0	0	
(4) STEVE MERCER SECRETRY				1				0	0	
(5) CHARLES HANSEN, DIRECTOR		1						0	0	
(6) KENNETH PETERSON II, DIRECTOR		- /			-	,	-	0	0	-
(7) FREDERICK RIBBLE, DIRECTOR		<b>✓</b>						o	0	
(8)										
(9)										
(10)										
(11)										
(12)							1			
(13)						-				
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson	e than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensa from th organizat and relat organizati	e on ed
(15)							<u> </u>					
(16)							·	┢				
(17)												
(18)								-				
(19)								<u> </u>				<del></del>
(20)						_		-				
(21)												
(22)												
(23)						-						
(24)						$\dashv$						
(25)					$\dashv$	$\dashv$						
1b	Sub-total							<b>•</b>	0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								0	0		0
2	Total number of individuals (including but reportable compensation from the organization)	not limited			liste	ed a	bove	e) wi		<u>_</u>	<u> </u>	
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct								est compensate	ed 3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual											1
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or individu	al 5	1
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Representation.											tax
	(A) Name and business addr	ess							(B) Description of se	ervices	(C) Compensation	
						_						
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who		

	VIII	Check if Schedule O contains a response or note t	o any line in this	s Part VIII		· · · <u>·</u> · · · · □
	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
# # # # # # # # # # # # # # # # # # #	1a	Federated campaigns 1a 0				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b 0	-		· ;	· · · · · · · · · · · · · · · · · · ·
A E	С	Fundraising events 1c 0		, `		` , ,
ᆵ	d	Related organizations 1d 0	7		,	
Contributions, Giff and Other Similar	е	Government grants (contributions) 1e 0	Park of t		Complete grade	
ar S	f	All other contributions, gifts, grants,			ia Poγ	
草草	ļ	and similar amounts not included above 1f 60,671			<u>.</u>	, , , , , , , , , ,
E D	9	Noncash contributions included in lines 1a-1f: \$0		1	· · · · · · · · · · · · · · · · · · ·	1
	h	Total. Add lines 1a–1f	60,671		. 2	<u>' * </u>
Program Service Revenue		Business Code			,	
Ş	2a					
2	b					
25	С					
æ	d		<u> </u>			
Ē	е					
g	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f	0	t.		
	3	Investment income (including dividends, interest,				
		and other similar amounts)	414	0	0	414
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	
	5	Royalties ▶	0	0	0	O
		(i) Real (ii) Personal		रह		
	6a	Gross rents 0 0			•	3 82
	b	Less: rental expenses 0 0		,	<i>(</i> *	
	С	Rental income or (loss) 0 0	]		7.75°	
	d	Net rental income or (loss)	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other	,	7	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		assets other than inventory 0 0	, , ,	, , , , ,		
	b	Less: cost or other basis	, .			
		and sales expenses . 0 0				•
	С	Gain or (loss) 0 0			* h.	
	d	Net gain or (loss)	0	0	0	0
_						,
venue	8a	Gross income from fundraising	, ,		* · · · · · · · · · · · · · · · · · · ·	
9		events (not including \$ 0	` ''			, ,
- 60 ∣		of contributions reported on line 1c).				** ***
er		See Part IV, line 18 a			, ,	
Other R	ь	Less: direct expenses b		4.		
		Net income or (loss) from fundraising events . ▶	0		0	0
	9a	Gross income from gaming activities.		, .	* .	
		See Part IV, line 19 a 0		` `		٢
	b	Less: direct expenses b 0		•',		
	С	Net income or (loss) from gaming activities	0	0	. 0	0
	10a	Gross sales of inventory, less			, .	· •
		returns and allowances a 763,643	1		, , ,	
	b	Less: cost of goods sold b 520,324			,	· <u>-</u>
	С	Net income or (loss) from sales of inventory ▶	243,319	243,319		
		Miscellaneous Revenue Business Code	,	`	•	
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶	0	L		
	12	Total revenue. See instructions	204 404	242 210		414

SELLING EXPENSE

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720) . . . . . .

b

C

d

e

25

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 0 Grants and other assistance to governments. 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . 191,277 191,277 Benefits paid to or for members . . . n 0 Compensation of current officers, directors, 5 trustees, and key employees . . . . . 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 00 0 Other salaries and wages . . . . . 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 n Other employee benefits . . . . . . . 9 Q 0 0 0 10 Payroll taxes . . . . . . . . . . . . 0 0 0 0 11 Fees for services (non-employees): Management . . . . . . . 0 0 Legal . . . . . . . . . . 0 390 b 390 0 Accounting . . . . . . . 0 0 0 C 0 Lobbying . . . . . . . . . . . . 0 0 0 0 d Professional fundraising services. See Part IV, line 17 0 0 е Investment management fees . . . . . 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 0 0 12 Advertising and promotion . . . . . 749 0 0 749 13 Office expenses . . . . . 49,979 0 49,979 0 14 Information technology . . . 0 0 0 0 15 Royalties . . . . . . . . . . . . 0 0 0 0 16 3,685 3,685 0 0 17 8,677 0 0 8,677 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 0 0 0 0 Payments to affiliates . . . . . . . 21 0 0 0 0 22 Depreciation, depletion, and amortization . O 0 0 0 23 0 1,031 0 1,031 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

7,643

0

0

0

263,431

7,643

0

0

0

0

212,031

Form	990	(2013

0

0

0

0

0

0

0

0

0

0

0

51,400

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** Beginning of year End of year 1 420,842 13,382 2 2 Savings and temporary cash investments . . . . 477,368 120,417 3 3 0 0 Accounts receivable, net . . . . . . . . . . . . 467,167 4 404,595 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary oi 0 Notes and loans receivable, net . . . . . 0 7 7 0 8 R Inventories for sale or use . . . . . 142,551 234,390 9 Prepaid expenses and deferred charges 0 8,800 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b o 10c Less: accumulated depreciation . . . . 0 Investments—publicly traded securities 0 11 11 0 12 Investments—other securities. See Part IV. line 11 . ol 12 0 13 13 Investments—program-related. See Part IV, line 11 . . . 0 0 14 14 0 0 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 43,705 15 42,705 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,144,173 1,231,749 17 24,896 17 71,499 18 18 0 0 19 19 ol 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total llabilities. Add lines 17 through 25 . . . -. 26 24,896 71,499 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,015,704 27 964,515 28 103,573 28 195,735 29 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ō

Capital stock or trust principal, or current funds . . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances . . . . . . . . . . . . . . . . . .

Total liabilities and net assets/fund balances .

Net Assets

30

31

32

33

34

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0

0

0

1,160,250

1,231,749

30

31

32

33

U

0

0

1,119,277

<u>1,144,</u>173

- - - - - - - - - - - - - - - - - - -	、 90 (2013)				Pa	age <b>12</b>
	XI Reconciliation of Net Assets					
ı aı	Check if Schedule O contains a response or note to any line in this Part XI					П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>		13,527
2	Total expenses (must equal Part IX, column (A), line 25)	2				72,554
3	Revenue less expenses. Subtract line 2 from line 1	3				40,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				19,277
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				<u>.</u> 0.
8	Prior period adjustments	8				. <u></u> 0
-	·	9				
9 10	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10		40				<b></b>
	33, column (B))	10			1,16	50,250
Par	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	•	· ·		
	A		Г		Yes	No_
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-1-1- 1-	-			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain ii	n			
	Schedule O.		1	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
Ь	Were the organization's financial statements audited by an independent accountant?			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	a			
	separate basis, consolidated basis, or both:			1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	1	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	1			
	Schedule O.			- }		

**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.

За

Form **990** (2013)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

20**13** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

reame or the organization						1	Cirpoya x	MODITURE CO.	MI IIWIIDO		
THREADS OF HOPE, IN									55784		
		rity Status (All orga						nstructi	ons.		
The organization is not											
1 A church, con	vention of churc	hes, or association of	churche	s describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2 A school desc	cribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	ch Sched	lule E.)							
		spital service organiza									
- <del>-</del>	earch organizatione, city, and stat	on operated in conjune:	ction with	n a hospit	al descri	bed in se	ection 170	D(b)(1)(A)	)(iii). Ente	r the	
5 An organization		the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	ital unit d	escrib	ed in
7 An organization	on that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of					nit or from	m the gei	neral p	ublic
8 A community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Co:	mplete Pa	urt II.)						
9 An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrefer June 30, 1975. Se	an 33¹/₃% ions—su lated bus	6 of its subject to disiness tax	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss section	no mon	e than 33	31/3%	of its
10 An organization	on organized and	operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)(	4).			
11 An organization	on organized ar one or more pub	nd operated exclusive dicly supported organ describes the type of	ely for th	ne benefi describe	t of, to i	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
a ☐ Type I	b 🗌 Type	II c Type II	I-Functio	nally inte	orated	d 🗀:	Type III—N	lon-func	tionally in	tearat	ed
e By checking to other than fou	his box, I certify indation manage	that the organization ers and other than one	is not co	ntrolled d	lirectly or	r indirecti	y by one	or more	disqualifi	ed per	sons
or section 509	• • • •					···					
_	ation received a check this box .	written determination	on from 1	the IRS 1	natitis 	a Type	i, Type i	ı, or ıyp	oe III sup	portin 	g
g Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	l			
(i) A person v	who directly or i	ndirectly controls, eithody of the supported o					described	in (ii) a	nd 11g(i)	Yes	No
• •	•	on described in (i) abo	_						11g(ii)	t	
	•	a person described in							11g(iii)	_	
		on about the support				• • •			81	11	
(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 o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat	s the son in col. zed in the S.?	(vii) Amour	nt of mo pport	netary
		(000 1102 002010))	Yes	No	Yes	No	Yes	No	1		
(A)											
(B)											_
			-			<del> </del>			-		
(C) 											
(D)			<u> </u>								
(E)											
***************************************						Γ					

Total

	(Complete only if you checked the Part III. If the organization fails to						ality under
Sect	on A. Public Support			·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	· · <b>&gt;</b> 🖸
	on C. Computation of Public Support						
	-Public support percentage for 2013 (line 6		-			· · ·   - · · · · · · · · · · · · · ·	<del>~ %</del>
15 16a	Public support percentage from 2012 Sch 331/s% support test—2013. If the organiz	edule A, Part	II, IINE 14 . check the boy	on line 13 and	 d line 1 <i>1</i> ie 331	15	
IVa	box and stop here. The organization quali						
h	331/5% support test—2012. If the organi						
-	check this box and stop here. The organiz						. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, cho st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly s	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means to the orga	on meets the ets the	facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the The organization	nis box and stonisting and in the state of t	<b>op here</b> . I publicly
46	supported organization						
18	<b>Private foundation.</b> If the organization did instructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	11,817	17,069	9,321	18,170	60,671	117,048
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	248,148	563,218	1,121,715	1,290,770	763,643	3,987,494
4	Tax revenues levied for the						
	organization's benefit and either paid			_	_ i	_	_
_	to or expended on its behalf	· 0	0	O	0	0	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	ا	0	0	0	0	0
6	Total. Add lines 1 through 5	259,965	580,287	1,131,036	1,308,940	824,314	4,104,542
7a		233,303	300,207	1,101,000	1,000,010	02.1,0.1.	7,5,70,10
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified			Ì		]	
	persons that exceed the greater of \$5,000					•	
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
C4	on B. Total Support	1					4,104,542
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	259,965	580,287	1,131,036	1,308,940	824,314	4,104,542
10a		235,303	300,207	1,101,030	1,000,040	024,014	41.040.12
	payments received on securities loans, rents,	ļ					
	royalties and income from similar sources .	194	471	691	743	414	2,513
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
_	Add lines 10a and 10b	194	471	691	743	414	2,513
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	_					
40	• •	0	~	0	- 0	O	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,			<del></del>			<u>_</u>
	and 12.)	260,159	580,758	1,131,727	1,309,683	824,728	4,107,055
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her					<u> </u>	🕨 🗆
	on C. Computation of Public Suppor					T-2T	
15	Public support percentage for 2013 (line 8	•	•	• • • • • • • • • • • • • • • • • • • •		15	99.94 %
16 Footi	Public support percentage from 2012 Sch			· · · · · · ·		16	99.62 %
	on D. Computation of Investment Inc			uline 12 colum	on (fl)	17	00.04
17 18	Investment income percentage for 2013 (Investment income percentage from 2012					18	.06 %
19a	331/s% support tests—2013. If the organi						
140	17 is not more than 331/3%, check this box						
ь	331/5% support tests—2012. If the organiz	-	-	-			_
-	line 18 is not more than 331,3%, check this t						
20	Private foundation. If the organization die						

Schedule A (F	form 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

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

Employer Identification number

Name o	of the organization					Employer Identification n	umber
THRE	ADS OF HOPE, INC.					26-1557840	
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organi	zation answered "Yes	s" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization igibility for th	maintain rece e grants or as	ords to substantiate the am ssistance, and the selection	ount of its grants n criteria used to	and other award the · · · □Yes	□No
2	For grantmakers. Describe assistance outside the Unite		the organizat	ion's procedures for moni	toring the use o	its grants and oth	er
3	Activities per Region. (The fo	llowing Part	l, line 3 table	can be duplicated if additio	nal space is need	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors In region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in re	rvice, expenditure type of and investi	es for ments
(1)	East Asia and the Pacific	0	0	Program Services	Community Servi	ce 1	91,277
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
- (11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total					1	91,277
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)	]		1	,	} 1	91,277

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV, appraisal, other)
)	,,		East Asia	School Building	148,792	Cash Payment	0	N/A	Cost
)	- 表できる - <del> </del>		East Asia	Ministry Support	12,501	Cash Payment		N/A	Cost
	Ser Stable	<u> </u>	East Asia	Land & Infrastructure	5,910	Cash Payment	0	N/A	Cost
٠,٠٠	40 1 2	清 格克尼宁	East Asia	Typhoon Relief	24,074	Cash Payment	o	N/A	Cost
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Page 3

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

Part III can be duplica			<del></del>	(a) Manner of	(f) Amount of	T	(h) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	cash disbursement	non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)						<u> </u>	
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							· · · · · · · · · · · · · · · · · · ·
(10)							
(11)							
(12)							
(13)						-	
(14)							
(15)							
(16)							
(17)							
(18)							

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Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)	☐ Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

Schedule F (Form 990) 2013

	(FUIII) 890) 2013
Part V	Supplen

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part 1, Line 1 The Thread's of Hope's Executive Director works closely with the Aninuam Community Church to identify needs. Selection
criteria includes projects that will help the meet the physical, educational and spiritual needs of the community. Records are maintained on
books of Threads of Hope, Inc.
Part 1, Line 2 The Threads of Hope's Executive Director provides on site inspetions of each project. In his absence the Pastor of
the Aninuam Community Church oversees the projects.
the Annuali Confinuity Citarch oversees the projects.
Part II, Line 4 Typhoon Relief help was given to the Guiuan Christian Church, Paul Kulikovski, in charge missionary
Part II, Line 4 Typhoon Rener help was given to the Guidan Christian Church, Paul Runkovski, in Charge missionary

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Doen to Publi

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

THREADS OF HOPE, INC.	26-1557840
Form 990, Part VI	
Line 2 Alex Kuhlow and Chris Kuhlow - Family Relationship	
Line 11b Form 990 prepared by Board Treasure and reviewed by the Executive Director and one other Di	irector
Line 18 Forms available upon request on Threads of Hope Website	
Line 19 Governing documents and financial statements are available upon request	
Form 990, Part III	
Line 4d Provided funds for the purchase of two small parcels of land and additional infrastructural supp	port that will provide road
access to the community, reduce land drainage issues, and eliminate a land encroachment issu	ue. Land and buildings are
owned by Christian Missions of the Philippines, Inc. (\$5,910)	
Provided funds to the Tacloban Church to purchase a vehicle, construction equipment including	g gas and diesel generators, and
food and other perishable items. (\$24,074)	
	······································

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number
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