

Form 990  
2017Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable	C Name of organization THE THRESHOLDS			D Employer identification number 36-2518901	
<input type="checkbox"/> Address change	Doing business as			E Telephone number (773) 572-5500	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 4101 NORTH RAVENSWOOD			Room/suite	G Gross receipts \$ 93,387,535
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60613				
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website:	► WWW THRESHOLDS.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				H(c) Group exemption number ►	
				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  
ASSIST AND INSPIRE PEOPLE WITH SEVERE MENTAL ILLNESS THROUGH SUPPORT, SKILLS, AND ENCOURAGEMENT

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	42
3 Number of voting members of the governing body (Part VI, line 1a)	4	42
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	1,697
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6	53
6 Total number of volunteers (estimate if necessary)	7a	126,938
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	119,056
b Net unrelated business taxable income from Form 990-T, line 34		

Activities & Governance	Revenue	Prior Year	Current Year
		3	42
8 Contributions and grants (Part VIII, line 1h)		43,087,220	41,261,538
9 Program service revenue (Part VIII, line 2g)		48,259,691	47,098,597
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,293,415	3,584,776
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		498,744	840,151
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,139,070	92,785,062

Revenue	Expenses	Prior Year	Current Year
		3	42
8 Contributions and grants (Part VIII, line 1h)		43,087,220	41,261,538
9 Program service revenue (Part VIII, line 2g)		48,259,691	47,098,597
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,293,415	3,584,776
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		498,744	840,151
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,139,070	92,785,062
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,451,698	61,851,984
16a Professional fundraising fees (Part IX, column (A), line 11e)		3,830	8,214
b Total fundraising expenses (Part IX, column (D), line 25) ► 695,865			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,234,934	27,386,131
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		90,690,462	89,246,329
19 Revenue less expenses Subtract line 18 from line 12		2,448,608	3,538,733

Expenses	Net Assets or Fund Balances	Beginning of Current Year	End of Year
		3	42
20 Total assets (Part X, line 16)		64,629,281	66,879,241
21 Total liabilities (Part X, line 26)		17,174,394	15,542,910
22 Net assets or fund balances Subtract line 21 from line 20		47,454,887	51,336,331

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	*****	2019-05-10
	Signature of officer	Date
AL SHOREIBAH CFO		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name KIMBERLY A HAUMANN	Preparer's signature KIMBERLY A HAUMANN	Date 2019-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00546491
	Firm's name ► PLANTE & MORAN PLLC			Firm's EIN ► 38-1357951	
	Firm's address ► 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606			Phone no (312) 207-1040	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

THRESHOLDS ASSISTS AND INSPIRES PEOPLE WITH MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS TO RECLAIM THEIR LIVES BY PROVIDING THE SUPPORTS, SKILLS AND 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 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 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 \$ 48,799,604 including grants of \$  ) (Revenue \$ 33,595,667 )  
See Additional Data

**4b** (Code  ) (Expenses \$ 19,743,119 including grants of \$  ) (Revenue \$ 11,811,566 )  
See Additional Data

**4c** (Code  ) (Expenses \$ 2,937,864 including grants of \$  ) (Revenue \$ 1,421,593 )  
See Additional Data

(Code  ) (Expenses \$ 1,810,272 including grants of \$  ) (Revenue \$ 603,170 )  
RESEARCH PROJECTS AND ACADEMIC PREPARATION

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,810,272 including grants of \$  ) (Revenue \$ 603,170 )

**4e** Total program service expenses ► 73,290,859

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
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	No
4 <b>Section 501(c)(3) organizations.</b> 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 Yes	
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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 Yes	
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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 XI	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	15	No
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	16	No
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	No
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

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

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .

**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 . . . . .

**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 . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**  
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  
**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 . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**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 . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**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 . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  
**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  
**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**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** 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** 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 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  
**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** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	<b>Yes</b>	<b>No</b>
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>	Yes	
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>	Yes	
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

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

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	400	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	1,697	
<b>b</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 (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>	Yes	
<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>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<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 as charitable contributions? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</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? . . . . .	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12a</b>		
<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

**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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

	1a	42	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	42		
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				
b Enter the number of voting members included in line 1a, above, who are independent	1b	42		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
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		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
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		No	

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes
a The organization's CEO, Executive Director, or top management official	15b	No
b Other officers or key employees of the organization	16a	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16b	Yes
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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?		

**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 made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	►AL SHOREIBAH CFO 120 S LASALLE SUITE 1410 CHICAGO, IL 60603 (773) 572-5247

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

**1b Sub-Total . . . . .** ► **c Total from continuation sheets to Part VII, Section A . . . . .** ► **d Total (add lines 1b and 1c) . . . . .** ►

	2,279,072	0	141,223

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 21

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

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	Name and business address	(B)	Description of services	(C)	Compensation
D&V MAINTENANCE		MAINTENANCE SERVICES		1,158,057	
2137 N HOME					
PARK RIDGE, IL 60068					
CONTINENTAL RESOURCES INC		CONSULTING SERVICES		967,349	
PO BOX 4196					
BOSTON, MA 02211					
THE ULTIMATE SOFTWARE GROUP		PAYROLL PROCESSOR		463,714	
PO BOX 930953					
ATLANTA, GA 31193					
MLS BUILDING SERVICES INC		CONSTRUCTION		376,269	
10101 S HOMAN AVE					
EVERGREEN PARK, IL 60805					
WAREHOUSE DIRECT OFFICE		OFFICE SUPPLIES		326,301	
2001 S MT PROSPECT RD					
DES PLAINES, IL 60018					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 44

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>	345,910				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	35,705,682				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,209,946				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		1,844,199				
	<b>h Total.</b> Add lines 1a-1f . . . . .			41,261,538			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> MEDICAL SERVICES FEE INCOME	623000	42,865,686	42,865,686			
	<b>b</b> RESIDENTIAL FEES	531390	2,185,452	2,185,452			
	<b>c</b> CONTRACTUAL AGREEMENTS	531190	1,245,571	1,245,571			
	<b>d</b> SERVICE FEE INCOME	531390	788,298	788,298			
	<b>e</b> ALL OTHER PROGRAM	531190	13,590	13,590			
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .			47,098,597			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		841,432			841,432	
	<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	126,938					
	<b>c</b> Rental income or (loss)	0					
	<b>d</b> Net rental income or (loss) . . . . .			126,938			126,938
	<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	401,887	2,703,696				
<b>c</b> Gain or (loss)	362,239	0					
<b>d</b> Net gain or (loss) . . . . .				2,743,344		2,743,344	
<b>8a</b> Gross income from fundraising events (not including \$ 345,910 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	470,272					
<b>b</b> Less direct expenses . . . . .	b	240,234					
<b>c</b> Net income or (loss) from fundraising events . . . . .			230,038			230,038	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less cost of goods sold . . . . .	b						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	Business Code						
<b>11a</b> MANAGEMENT FEE	900099	262,416	262,416				
<b>b</b> GAIN ON DERIVATIVE	523000	149,776				149,776	
<b>c</b> MISCELLANEOUS INCOME	900099	70,983	70,983				
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		483,175					
<b>12 Total revenue.</b> See Instructions . . . . .			92,785,062	47,431,996	126,938	3,964,590	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,450,763	1,196,889	240,872	13,002
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	48,768,349	40,474,914	7,853,796	439,639
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	215,378		215,378	
9 Other employee benefits	7,521,792	9,925,715	-2,512,641	108,718
10 Payroll taxes	3,895,702		3,895,702	
11 Fees for services (non-employees)				
a Management				
b Legal	147,883	138,158	9,725	
c Accounting	93,694		93,694	
d Lobbying	9,125	125	9,000	
e Professional fundraising services See Part IV, line 17	8,214			8,214
f Investment management fees	55,470		55,470	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,321,015	1,586,814	724,821	9,380
12 Advertising and promotion	33,252	3,885	7,745	21,622
13 Office expenses	2,030,146	1,178,701	827,911	23,534
14 Information technology	2,407,397	995,605	1,411,792	
15 Royalties				
16 Occupancy	7,749,392	8,131,053	-402,848	21,187
17 Travel	1,704,021	1,521,645	174,796	7,580
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	202,081	68,396	130,532	3,153
20 Interest	349,107	171	348,936	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,286,212	2,482,565	798,816	4,831
23 Insurance	511,585	467,757	41,785	2,043
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a MEMBER SERVICES	3,601,307	3,573,102	32,730	-4,525
b DMH FIDUCIARY EXPENSES	623,973	620,449	3,524	
c PROGRAM ACTIVITIES	386,863	355,513	31,350	0
d DUES AND SUBSCRIPTIONS	104,400	28,346	73,976	2,078
e All other expenses	1,769,208	541,056	1,192,743	35,409
<b>25 Total functional expenses.</b> Add lines 1 through 24e	89,246,329	73,290,859	15,259,605	695,865
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,872,090	1	4,583,846
	2 Savings and temporary cash investments	11,695,195	2	10,861,203
	3 Pledges and grants receivable, net	1,362,467	3	980,181
	4 Accounts receivable, net	5	4	980,181
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	7		
	7 Notes and loans receivable, net	8		
	8 Inventories for sale or use	9		
	9 Prepaid expenses and deferred charges	808,393	9	827,317
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	46,074,724	
	b Less accumulated depreciation	10b	28,889,158	17,978,465
	11 Investments—publicly traded securities	10c		17,185,566
	12 Investments—other securities See Part IV, line 11	11		19,065,757
	13 Investments—program-related See Part IV, line 11	12		2,209,857
	14 Intangible assets	13		2,168,584
	15 Other assets See Part IV, line 11	14		7,812,287
	16 Total assets Add lines 1 through 15 (must equal line 34)	15		11,206,787
		16		64,629,281
				66,879,241
Liabilities	17 Accounts payable and accrued expenses	17		5,677,592
	18 Grants payable	18		
	19 Deferred revenue	19		1,103,329
	20 Tax-exempt bond liabilities	20		5,664,680
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21		5,471,853
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22		1,666,148
	23 Secured mortgages and notes payable to unrelated third parties	23		374,000
	24 Unsecured notes and loans payable to unrelated third parties	24		914,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25		2,487,738
	26 Total liabilities Add lines 17 through 25	26		335,713
				17,174,394
				15,542,910
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	27		38,896,059
	28 Temporarily restricted net assets	28		43,930,911
	29 Permanently restricted net assets	29		5,777,330
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	30		1,296,690
	31 Paid-in or capital surplus, or land, building or equipment fund	31		47,454,887
	32 Retained earnings, endowment, accumulated income, or other funds	32		51,336,331
	33 Total net assets or fund balances	33		64,629,281
	34 Total liabilities and net assets/fund balances	34		66,879,241

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,785,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,246,329
3	Revenue less expenses Subtract line 2 from line 1	3	3,538,733
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,454,887
5	Net unrealized gains (losses) on investments	5	342,611
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	100
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,336,331

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input checked="" type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2518901

**Name:** THE THRESHOLDS

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

PREVENTION OF REHOSPITALIZATION  
THRESHOLDS PROVIDES MENTAL HEALTH SERVICES, SUBSTANCE USE TREATMENT SERVICES, AND CARE COORDINATION TO HELP INDIVIDUALS WITH SEVERE MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS TO ACHIEVE THEIR LIFE GOALS. GOALS OF SERVICES INCLUDE SYMPTOM REDUCTION, SUBSTANCE USE REDUCTION, SUCCESSFUL EMPLOYMENT, EDUCATIONAL ATTAINMENT, ENGAGEMENT WITH A PERSON'S FAMILY AND COMMUNITY, MAINTAINING DECENT, SAFE, AFFORDABLE HOUSING, LINKING PEOPLE TO HIGH QUALITY PRIMARY AND SPECIALTY CARE, AND PREVENTION OF UNNECESSARY HOSPITALIZATION. THRESHOLDS PROVIDED COMMUNITY BASED SERVICES AND CARE COORDINATION TO APPROXIMATELY 15,400 PEOPLE IN FISCAL YEAR 2018

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**Form 990, Part III, Line 4b:**

INDEPENDENT LIVING THRESHOLDS PROVIDES A WIDE VARIETY OF COMMUNITY-BASED, AFFORDABLE HOUSING OPTIONS INCLUDING INDEPENDENT APARTMENTS, APARTMENT BUILDINGS WITH SERVICES ON SITE, AND SUPPORTED AND SUPERVISED GROUP HOME SETTINGS. THRESHOLDS PROVIDES AFFORDABLE HOUSING FOR APPROXIMATELY 1,300 PEOPLE PER YEAR

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**Form 990, Part III, Line 4c:**

VOCATIONAL AND SOCIAL REHABILITATION THRESHOLDS PROVIDED EVIDENCE-BASED SUPPORTED EMPLOYMENT SERVICES TO PEOPLE WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS LAST YEAR THRESHOLDS PROVIDED EMPLOYMENT SERVICES TO APPROXIMATELY 900 INDIVIDUALS

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**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
Officer or director or individual trustee	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Employee	Fringe			
DAN KLAFF	0 60									
PRESIDENT	..... 1 40	X	X					0	0	0
SUZET MCKINNEY	0 60									
VICE-PRESIDENT	..... 1 40	X	X					0	0	0
JUDY MALEY	0 60									
SECRETARY	..... 1 40	X	X					0	0	0
RONALD GRAIS	0 60									
ASSISTANT SECRETARY	..... 1 40	X	X					0	0	0
ROBERT SPENCER	0 60									
TREASURER	..... 1 40	X	X					0	0	0
JAMES KOLAR	0 60									
ASSISTANT TREASURER	..... 1 40	X						0	0	0
BENJAMIN ALBRECHT	0 60									
DIRECTOR	..... 1 40	X						0	0	0
JANA BARBE	0 60									
DIRECTOR	..... 1 40	X						0	0	0
SAMUEL BOTTUM	0 60									
DIRECTOR	..... 1 40	X						0	0	0
ROGER BROWN	0 60									
DIRECTOR	..... 1 40	X						0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Officer or director or individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Employee			
PAMELA BUFFETT	0 60									
DIRECTOR	..... 1 40	X						0	0	0
DEBORAH CARROLL	0 60									
DIRECTOR	..... 1 40	X						0	0	0
WILLIAM CRANE	0 60									
DIRECTOR	..... 1 40	X						0	0	0
RAYMOND E CROSSMAN PHD	0 60									
DIRECTOR	..... 1 40	X						0	0	0
HAL DORAZIO	0 60									
DIRECTOR	..... 1 40	X						0	0	0
JOANNE DAHM	0 60									
DIRECTOR	..... 1 40	X						0	0	0
MARIANNE DOAN	0 60									
DIRECTOR	..... 1 40	X						0	0	0
DAVID EVELY	0 60									
DIRECTOR	..... 1 40	X						0	0	0
FRED FRIEDMAN	0 60									
DIRECTOR	..... 1 40	X						0	0	0
HOWARD D GALPER	0 60									
DIRECTOR	..... 1 40	X						0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Officer	Key Employee	Honoraria and Compensation	Foun dation					
SATYENDER GOEL	0 60									
DIRECTOR	..... 1 40	X						0	0	0
KATHY GRAHAM	0 60									
DIRECTOR	..... 1 40	X						0	0	0
SABRINA TENGELSEN GUTHRIE	0 60									
DIRECTOR	..... 1 40	X						0	0	0
MAX HART	0 60									
DIRECTOR	..... 1 40	X						0	0	0
MARY JO HERSETH	0 60									
DIRECTOR	..... 1 40	X						0	0	0
MARY HILL	0 60									
DIRECTOR	..... 1 40	X						0	0	0
VICKI HORWICH	0 60									
DIRECTOR	..... 1 40	X						0	0	0
CYNTHIA JONES	0 60									
DIRECTOR	..... 1 40	X						0	0	0
LEO LANZILLO	0 60									
DIRECTOR	..... 1 40	X						0	0	0
ANNA LAUBACH	0 60									
DIRECTOR	..... 1 40	X						0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	
		Officer or director or individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Former				
STEVEN LEVIN	0 60										
DIRECTOR	..... 1 40	X							0	0	0
RICHARD LOEWENTHAL JR	0 60										
DIRECTOR	..... 1 40	X							0	0	0
JAMES MABIE	0 60										
DIRECTOR	..... 1 40	X							0	0	0
ROXANNE MARTINO	0 60										
DIRECTOR	..... 1 40	X							0	0	0
ADRIANNE MAUTNER	0 60										
DIRECTOR	..... 1 40	X							0	0	0
KEITH MCCLINTOCK	0 60										
DIRECTOR	..... 1 40	X							0	0	0
PETE MCNERNEY	0 60										
DIRECTOR	..... 1 40	X							0	0	0
ROB MILLER	0 60										
DIRECTOR	..... 1 40	X							0	0	0
JOSEPH MOOS	0 60										
DIRECTOR	..... 1 40	X							0	0	0
VEN MOTHKUR	0 60										
DIRECTOR	..... 1 40	X							0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
Officer or director or individual trustee	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former				
MARK ISHAUG	31 60									
CHIEF EXECUTIVE OFFICER	..... 8 40		X					304,889	0	7,997
ALAA G SHOREIBAH	31 60			X						
CHIEF FINANCIAL OFFICER	..... 8 40		X					209,185	0	16,877
DEBRA PAVICK	38 60			X						
CHIEF CLINICAL OFFICER	..... 1 40		X					157,592	0	2,982
MARK FURLONG	38 60			X						
CHIEF OPERATING OFFICER	..... 1 40		X					150,327	0	6,033
CHRISTINE NOONE	38 60			X						
CHIEF TALENT OFFICER	..... 1 40		X					137,662	0	336
MARY ANZILOTTI	38 60			X						
CHIEF STRATEGY OFFICER	..... 1 40		X					135,885	0	5,647
JOHN A WALKER JR	38 60			X						
CHIEF INFO OFFICER	..... 1 40		X					122,195	0	5,622
BRENT PETERSON	38 60			X						
CHIEF DEVELOPMENT OFFICER	..... 1 40		X					104,724	0	16,823
STEVEN WEINSTEIN MD	38 60			X						
MEDICAL DIRECTOR	..... 1 40		X					216,580	0	19,132
SUSAN BURATTO	38 60				X					
PSYCHIATRIST	..... 1 40				X			199,624	0	12,581

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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	Official	Key employee	Highest compensated employee	Former			
KIMBERLY T MEYER ..... PSYCHIATRIST	38 60 ..... 1 40					X		167,797	0	7,883
BRUCE JEFFERSON ..... GENERAL COUNSEL	38 60 ..... 1 40					X		137,192	0	17,524
MARC FAGAN ..... VP CLINICAL OPERATIONS	38 60 ..... 1 40					X		113,490	0	16,042
HEATHER O'DONNELL ..... SR VP PUBLIC POL & ADVOC	38 60 ..... 1 40					X		121,930	0	5,744

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**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 12, check only one box )

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

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )

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

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations \_\_\_\_\_

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Yes	No					
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	31,424,388	40,329,696	43,548,358	43,087,220	42,077,720	200,467,382
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	31,424,388	40,329,696	43,548,358	43,087,220	42,077,720	200,467,382
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)						58,785
6	<b>Public support.</b> Subtract line 5 from line 4						200,408,597

**Section B. Total Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
7	Amounts from line 4	31,424,388	40,329,696	43,548,358	43,087,220	42,077,720	200,467,382
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	818,103	872,788	612,559	729,939	841,432	3,874,821
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 VI )	187,162	511,290	362,201	658,359	483,177	2,202,189
11	<b>Total support.</b> Add lines 7 through 10						206,544,392
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	203,936,266

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97 030 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	97 390 %
16a	<b>33 1/3% support test—2017.</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	► <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2017.</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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2016.</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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI )						
<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 section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

17 Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2017.</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 ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</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 ► <input type="checkbox"/>		
<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 ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

**2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

**3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

**a**  The organization satisfied the Activities Test. Complete **line 2** below

**b**  The organization is the parent of each of its supported organizations. Complete **line 3** below

**c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2a		
2b		
3a		
3b		

**3 Parent of Supported Organizations Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2017</b>
		<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions	
<b>3</b>	Excess distributions carryover, if any, to 2017	
<b>a</b>		
<b>b</b>	From 2013. . . . .	
<b>c</b>	From 2014. . . . .	
<b>d</b>	From 2015. . . . .	
<b>e</b>	From 2016. . . . .	
<b>f</b>	<b>Total</b> of lines 3a through e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2017 distributable amount	
<b>i</b>	Carryover from 2012 not applied (see instructions)	
<b>j</b>	Remainder Subtract lines 3g, 3h, and 3i from 3f	
<b>4</b>	Distributions for 2017 from Section D, line 7 \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2017 distributable amount	
<b>c</b>	Remainder Subtract lines 4a and 4b from 4	
<b>5</b>	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
<b>6</b>	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c	
<b>8</b>	Breakdown of line 7	
<b>a</b>	Excess from 2013. . . . .	
<b>b</b>	Excess from 2014. . . . .	
<b>c</b>	Excess from 2015. . . . .	
<b>d</b>	Excess from 2016. . . . .	
<b>e</b>	Excess from 2017. . . . .	

**Software ID:**

**Software Version:**

**EIN:** 36-2518901

**Name:** THE THRESHOLDS

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**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 ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ►  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.)		(a) Filing organization's totals	(b) Affiliated group totals
<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> <b>The lobbying nontaxable amount is:</b>			
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)	
	Yes	No	Amount	
1 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				
a Volunteers?		No		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c Media advertisements?		No		
d Mailings to members, legislators, or the public?		No		
e Publications, or published or broadcast statements?		No		
f Grants to other organizations for lobbying purposes?		No		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i Other activities?	Yes		141,043	
j Total Add lines 1c through 1i			141,043	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	AN OUTSIDE CONSULTANT AND INTERNAL STAFF ARE PAID/COMPENSATED TO MONITOR TRENDS AND EVENTS IN STATE GOVERNMENT. THE CONSULTANT AND INTERNAL STAFF PROVIDE ADVOCACY TO STATE GOVERNMENT ON BEHALF OF THE AGENCY AS CIRCUMSTANCES WARRANT

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**2017****Open to Public  
Inspection**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
THE THRESHOLDSEmployer identification number  
36-2518901**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

a Total number of conservation easements

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

b Total acreage restricted by conservation easements

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes  No

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

► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

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

 Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 . . . . .	6,670,073	5,648,403	5,943,302	6,379,223	9,989,055
b Contributions . . . . .	331,400	474,250			
c Net investment earnings, gains, and losses	514,330	658,197	89,024	147,953	1,418,453
d Grants or scholarships . . . . .		12,139			
e Other expenditures for facilities and programs . . . . .		76,886	362,000	561,950	5,000,000
f Administrative expenses . . . . .		21,752	21,923	21,924	28,285
g End of year balance . . . . .	7,515,803	6,670,073	5,648,403	5,943,302	6,379,223

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

a Board designated or quasi-endowment ► 70 430 %

b Permanent endowment ► 21 660 %

c Temporarily restricted endowment ► 7 900 %

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,222,890		1,222,890
b Buildings . . . . .		26,412,540	15,484,991	10,927,549
c Leasehold improvements		2,010,583	1,199,314	811,269
d Equipment . . . . .		13,013,971	12,204,853	809,118
e Other . . . . .		3,414,740		3,414,740

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ► 17,185,566

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	6,515,657
(2) OTHER ASSETS	146,209
(3) ESCROW DEPOSITS	4,544,921
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►	11,206,787

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	241,588
INTEREST RATE SWAP PAYABLE	94,125
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►	335,713

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	93,218,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	342,611
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	240,235
e	Add lines <b>2a</b> through <b>2d</b> . . . . .	2e	582,846
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .	3	92,635,285
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	149,776
c	Add lines <b>4a</b> and <b>4b</b> . . . . .	4c	149,776
5	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	5	92,785,061

## **Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	89,336,788
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	240,235
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	240,235
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	89,096,553
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	149,776
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	149,776
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	89,246,329

**Part XIII** **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (*continued*)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2518901

**Name:** THE THRESHOLDS

### Supplemental Information

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 1E SPECIAL PURPOSE BOARD OF DIRECTOR DESIGNATED FUNDS ARE RESERVES ESTABLISHED BY THE BOARD FROM UNRESTRICTED FUNDS TO MEET SPECIFIC UNIDENTIFIED OBLIGATIONS ARISING FROM THRESHOLDS' PLANNED ACTIVITIES. THESE FUNDS ARE GOVERNED BY FINANCIAL POLICIES APPROVED BY THE BOARD OF DIRECTORS TO DIRECT THE ALLOWED USE OF FUNDS, AND AUTHORITY TO USE FUNDS. ADDITIONALLY, THE FINANCIAL POLICIES ESTABLISH INVESTMENT CRITERIA TO ENSURE FUNDS ARE PRUDENTLY INVESTED TO MEET THE FUNDS ANTICIPATED USE.

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO HOLD AND RETAIN DONOR GIFTS THAT ARE GIVEN TO THRESHOLDS WITH PERMANENT DIRECTIONS OR RESTRICTIONS. THE ALLOWED USE OF DONATED FUNDS IS LIMITED AND GOVERNED BY SPECIFIC DONOR RESTRICTIONS. WHERE NO SPECIFIC RESTRICTIONS EXISTS, FUNDS WILL BE USED FOR THE CONTINUING AND LONG-TERM DEVELOPMENT OF THRESHOLDS AND REQUIRE BOARD APPROVAL FOR USE. RECENT USES OF THIS FUND INCLUDE PROVIDING SCHOLARSHIPS & ASSISTANCE TO MEMBERS PURSUING POST-SECONDARY EDUCATION & PARTIALLY FUNDING THRESHOLDS' MOTHERS' PROGRAM.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 240,235

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON DERIVATIVES 149,776

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 240,235 ROUNDING

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GAIN ON DERIVATIVES 149,776

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on 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.

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

2017

Open to Public  
InspectionName of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a 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 services?  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>GALA</b> (event type)	(b) Event #2 <b>A SWEET AFFAIR</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	525,586	127,605	162,991	816,182
2 Less Contributions . . . . .	342,830	3,080		345,910
3 Gross income (line 1 minus line 2) . . . . .	182,756	124,525	162,991	470,272
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .			2,800	2,800
7 Food and beverages . . . . .	130,778		18,508	149,286
8 Entertainment . . . . .	3,049			3,049
9 Other direct expenses . . . . .	31,426		53,673	85,099
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				240,234
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				230,038

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
2 Cash prizes . . . . .				
3 Noncash 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 Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

Yes  No

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If "Yes," explain \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**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?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	13a	%
<b>b</b>	An outside facility	13b	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....  
 Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....  
 Address ► .....

**16** Gaming manager information

Name ► .....  
 Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**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 ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public Inspection**Name of the organization  
THE THRESHOLDSEmployer identification number  
36-2518901**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 checked="" 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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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," on line 5a or 5b, describe in Part III

**6** For persons listed on 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," on line 6a or 6b, describe in Part III

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

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

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

	Yes	No
<b>1b</b>		No
<b>2</b>		No
<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>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	A \$100 GROSSED-UP HOLIDAY BONUS WAS GIVEN TO 1275 BENEFITED EMPLOYEES. THE PAYMENT WAS TREATED AS TAXABLE.
PART I, LINE 1B	THE BOARD OF DIRECTORS CHOSE TO GIVE OUT A GROSSED-UP \$100 HOLIDAY BONUS TO EVERY BENEFITED EMPLOYEE.
PART I, LINE 8	SEE RESPONSE TO LINE 1B

**Schedule K  
(Form 990)****Supplemental Information on Tax-Exempt Bonds****2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990.  
 ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
THE THRESHOLDSEmployer 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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> ILLINOIS FINANCE AUTHORITY DEMAND REVENUE BONDS SERIES 2005			11-01-2005	8,000,000	FINANCE AQUISITION, CONSTRUCTION, RESTORATION OF VARIOUS PROPERTIES		X		X		X

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired . . . . .	2,511,809			
2	Amount of bonds legally defeased . . . . .				
3	Total proceeds of issue . . . . .	8,000,000			
4	Gross proceeds in reserve funds . . . . .				
5	Capitalized interest from proceeds . . . . .				
6	Proceeds in refunding escrows . . . . .				
7	Issuance costs from proceeds . . . . .	194,205			
8	Credit enhancement from proceeds . . . . .				
9	Working capital expenditures from proceeds . . . . .				
10	Capital expenditures from proceeds . . . . .	7,805,795			
11	Other spent proceeds . . . . .				
12	Other unspent proceeds . . . . .				
13	Year of substantial completion . . . . .	2008			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		
16	Has the final allocation of proceeds been made? . . . . .	X			
17	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	
	Yes	No	Yes	No	Yes	No	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 that may result in private business use of bond-financed property? . . . . .	X						

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
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 Does the bond issue meet the private security or payment test? . . . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
2 If "No" to line 1, did the following apply? . . . . .								
a Rebate not due yet? . . . . .		X						
b Exception to rebate? . . . . .		X						
c No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X						
b Name of provider . . . . .								
c Term of hedge . . . . .								
d Was the hedge superintegrated? . . . . .								
e Was the hedge terminated? . . . . .								

**Part IV Arbitrage (Continued)**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2017

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
THE THRESHOLDS

Employer identification number

36-2518901

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	37	1,844,199	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 . . . . .				
25 Other ► ( _____ ) . . . . .				
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .

	Yes	No
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 nonstandard contributions?

31	Yes
----	-----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? . . . . .

32a		No
-----	--	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service  
Name of the organization  
THE THRESHOLDS**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

36-2518901

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO HAS AN EMPLOYMENT CONTRACT THAT IS EVALUATED ANNUALLY BY THE BOARD'S EXECUTIVE COMMITTEE. THE BOARD MEETS IN EXECUTIVE SESSION TO DETERMINE THE CEO'S ANNUAL COMPENSATION PACKAGE THAT MAY INCLUDE A DISCRETIONARY BONUS. THE BOARD PRESIDENT DOCUMENTS THE RESULTS OF THIS ASSESSMENT AND THE COMMITTEE'S DECISION AND ROUTES THIS INFORMATION TO HUMAN RESOURCES FOR PROCESSING. THE AGENCY BEGAN USING COMPARABLE DATA IN ITS ASSESSMENT OF EXECUTIVE COMPENSATION DURING FISCAL YEAR 2016.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	THE ORGANIZATION, AND ITS AFFILIATED COMPANIES, ADJUSTED ITS CONSOLIDATED FINANCIAL STATEMENTS TO ADD A SUBSIDIARY ENTITY WHICH HAD BEEN PREVIOUSLY EXCLUDED. THIS ENTITY IS CONTROLLED BY THE ORGANIZATION. THE CUMULATIVE IMPACT OF THIS MODIFICATION HAS BEEN FULLY DISCLOSED IN THE AFOREMENTIONED CONSOLIDATED FINANCIAL STATEMENTS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RELATED PARTY DISTRIBUTION OPERATING TRANSFER 100

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - Attach to Form 990.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

## **Open to Public Inspection**

**Department of the Treasury  
Internal Revenue Service**

Name of the organization  
THE THRESHOLDS

**Employer identification number**

36-251890

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

(a) Name, address, and EIN (if applicable) 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
(1) THRESHOLDS-DIPLOMAT LLC 4101 N RAVENSWOOD CHICAGO, IL 60613 61-1677136	PROVIDES HOUSING FOR DISABLED AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	0	422,000	THE THRESHOLDS
(2) THI-15 INC 4101 N RAVENSWOOD CHICAGO, IL 60613 45-3764368	PROVIDES HOUSING FOR DISABLED AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	-27,711	2,259,552	THE THRESHOLDS
(3) THRESHOLDS GAR LLC 4101 N RAVENSWOOD CHICAGO, IL 60613 32-0545337	PROVIDES SUPPORTIVE HOUSING SERVICES FOR INDIVIDUALS EXPERIENCING MENTAL ILL	IL	0	2,060	THE THRESHOLDS
(4) HUMBOLDT APARTMENTS LLC 4101 N RAVENSWOOD AVE CHICAGO, IL 60613 38-3944324	PROVIDES SUPPORTIVE HOUSING SERVICES FOR INDIVIDUALS EXPERIENCING MENTAL ILL	IL	-42	827,598	THE THRESHOLDS

**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.

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### 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?		(k) Percentage ownership
									Yes	No	
(1) WAYNE STREET APARTMENTS LIMITED PARTNERSHIP  4101 N RAVENSWOOD CHICAGO, IL 60613 36-4146707	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	THE THRESHOLDS	RELATED	64,224	31,096	No		Yes		99 990 %
(2) BT-DIPLOMAT LLC (0026 OWNERSHIP)  4101 N RAVENSWOOD CHICAGO, IL 60613 32-0361958	PROVIDES HOUSING FOR DISABLED AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	MANAGING MEMBER BRINESHORE	RELATED	-39	122,758	No			No	0 010 %
(3) MENARD LIMITED PARTNERSHIP  4101 N RAVENSWOOD CHICAGO, IL 60613 36-3942457	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	THE THRESHOLDS	RELATED	5,555	188,940	No		Yes		99 000 %
(4) ROWAN TREES LIMITED PARTNERSHIP  4101 N RAVENSWOOD CHICAGO, IL 60613 36-4107843	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	THE THRESHOLDS	RELATED	58,008	36,280	No		Yes		99 000 %
(5) HUMBOLDT APARTMENTS LP  4101 N RAVENSWOOD CHICAGO, IL 60613 47-2410323	PROVIDES SUPPORTIVE HOUSING SERVICES FOR INDIVIDUALS EXPERIENCING MENTAL ILL	IL	THE THRESHOLDS	RELATED	-42	827,598	No		Yes		0 010 %
(6) THRESHOLDS RAD LLC  4101 N RAVENSWOOD CHICAGO, IL 60613 82-0797011	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	THE THRESHOLDS	RELATED		105,197	No		Yes		0 010 %

**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	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MENARD APARTMENT CORP  4101 N RAVENSWOOD CHICAGO, IL 60613 36-3942447	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C	5,555	1,908	100 000 %	Yes	
(2) ROWAN TREES APARTMENT INC  4101 N RAVENSWOOD CHICAGO, IL 60613 36-4096242	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C	26	366	100 000 %	Yes	
(3) WAYNE STREET CORPORATION  4101 N RAVENSWOOD CHICAGO, IL 60613 36-4147098	MANAGEMENT OF PARTNERSHIP	IL	THE THRESHOLDS	C	6	3	100 000 %	Yes	
(4) BT-DIPLOMAT MANAGER LLC  4101 N RAVENSWOOD CHICAGO, IL 60613 61-1668317	MANAGEMENT OF PARTNERSHIP	IL	MANAGING MEMBER BRINSHORE DEVELOPMENT LLC	C	-10	31,917	26 000 %	Yes	

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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**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.

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**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

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**Additional Data**

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

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

(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	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3071248	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3191926	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3252608	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3783906	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3783908	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3783907	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3783909	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3783910	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3967813	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3967815	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-3967819	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-4168062	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-4168063	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	
4101 N RAVENSWOOD AVENUE CHICAGO, IL 60613 36-4168066	PROVIDES HOUSING FOR MENTALLY AND EMOTIONALLY HANDICAPPED INDIVIDUALS	IL	501(C)(3)	LINE 12B, II	THE THRESHOLDS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THRESHOLDS HOUSING INC	P	38,965	RECORDS MAINTAINED AT COST
THRESHOLDS HOUSING INC	Q	88,507	RECORDS MAINTAINED AT COST
TRANSITIONAL HOUSING INC	P	111,814	RECORDS MAINTAINED AT COST
TRANSITIONAL HOUSING INC	Q	107,259	RECORDS MAINTAINED AT COST
HOUSING ASSOCIATES INC	P	101,059	RECORDS MAINTAINED AT COST
HOUSING ASSOCIATES INC	Q	130,341	RECORDS MAINTAINED AT COST
THI-4 INC	P	107,710	RECORDS MAINTAINED AT COST
THI-4 INC	Q	110,563	RECORDS MAINTAINED AT COST
THI-5 INC	P	53,416	RECORDS MAINTAINED AT COST
THI-5 INC	Q	52,880	RECORDS MAINTAINED AT COST
THI-6 INC	P	135,535	RECORDS MAINTAINED AT COST
THI-6 INC	Q	100,247	RECORDS MAINTAINED AT COST
THI-7 INC	P	112,822	RECORDS MAINTAINED AT COST
THI-7 INC	Q	68,981	RECORDS MAINTAINED AT COST
THI-8 INC	P	110,898	RECORDS MAINTAINED AT COST
THI-8 INC	Q	118,760	RECORDS MAINTAINED AT COST
THI-9 INC	P	51,531	RECORDS MAINTAINED AT COST
THI-9 INC	Q	88,529	RECORDS MAINTAINED AT COST
THI-10 INC	P	54,838	RECORDS MAINTAINED AT COST
THI-10 INC	Q	55,256	RECORDS MAINTAINED AT COST
THI-11 INC	P	74,467	RECORDS MAINTAINED AT COST
THI-11 INC	Q	78,094	RECORDS MAINTAINED AT COST
THI-12 INC	P	107,042	RECORDS MAINTAINED AT COST
THI-12 INC	Q	103,447	RECORDS MAINTAINED AT COST
THI-13 INC	P	87,442	RECORDS MAINTAINED AT COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THI-13 INC	Q	102,526	RECORDS MAINTAINED AT COST
THI-14 INC	P	103,760	RECORDS MAINTAINED AT COST
THI-14 INC	Q	95,203	RECORDS MAINTAINED AT COST
MENARD APARTMENT CORPORATION	P	87,774	RECORDS MAINTAINED AT COST
MENARD APARTMENT CORPORATION	Q	68,090	RECORDS MAINTAINED AT COST
ROWAN TREES APARTMENT CORPORATION	P	82,500	RECORDS MAINTAINED AT COST
ROWAN TREES APARTMENT CORPORATION	Q	58,846	RECORDS MAINTAINED AT COST
WAYNE STREET APARTMENTS LP	P	109,000	RECORDS MAINTAINED AT COST
WAYNE STREET APARTMENTS LP	Q	45,832	RECORDS MAINTAINED AT COST
BT DIPLOMAT LLC	P	286,758	RECORDS MAINTAINED AT COST
BT DIPLOMAT LLC	Q	283,011	RECORDS MAINTAINED AT COST
HUMBOLDT APARTMENTS LP	P	191,577	RECORDS MAINTAINED AT COST
HUMBOLDT APARTMENTS LP	Q	196,258	RECORDS MAINTAINED AT COST