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Form	990

EXTENDED TO NOVEMBER 15, 2017

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 <u>www.irs.gov/form990.</u>



Department of the Treasury Internal Revenue Service

AF	or the	and a calendar year, or tax year beginning and a calendar year and a calendar year beginning a calendar year beginning and a calendar year beginning a calendar year beginning and a calendar year beginning and a calendar year beginning a calendar year beginning and a calendar year beginning a calendar year beginning and a calendar year beginning a calendar year beginning a calendar year beginning and a calendar year beginning a calendar year begin year beginning a calendar year beginning a	enaing				
B C	heck if oplicable	C Name of organization		D Employer identified	cation number		
	Addres	COMMON THREADS FARM					
	Name chang		20-5163417				
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E T							
		516 F NORTH ST			927-1590		
	termin ated			G Gross receipts \$	255,104.		
	Ameno return			H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: UENNIFER WRIGHI		for subordinates			
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)		
J۷	Vebsit	e: NWW.COMMONTHREADSFARM.ORG		H(c) Group exemption	n number 🕨		
		organization: 🔀 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨	L Year	of formation: 2006 N	State of legal domicile: WA		
Pa	rt I	Summary					
6		Briefly describe the organization's mission or most significant activities: COMMO					
nce		HEALTHY FOOD IN THE GARDEN, IN THE KITCHE	N, AND	AT THE TAB	LE. WE		
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove					5		
3 0		Number of independent voting members of the governing body (Part VI, line 1b)			5		
es		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0		
iviti		Total number of volunteers (estimate if necessary)			0		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		0.		
	_			Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)		140,489.	163,221.		
Revenue		Program service revenue (Part VIII, line 2g)		59,086. 782.	<u>91,104.</u> 779.		
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		805.	0.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,162.	255,104.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		201,102.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	118,906.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Den		Total fundraising expenses (Part IX, column (D), line 25)	0.				
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		150,801.	95,483.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		150,801.	214,389.		
		Revenue less expenses. Subtract line 18 from line 12		50,361.	40,715.		
or es				ginning of Current Year	End of Year		
Net Assets or Eund Balances	20	Total assets (Part X, line 16)		244,858.	288,520.		
Ass I Ba	21	Total liabilities (Part X, line 26)		9,655.	12,602.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		235,203.	275,918.		
	rt II	Signature Block		•	•		
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			· · ·		
Ciar	_	Signature of officer		Date			

Sign	Signature of officer		Date					
Here	JENNIFER WRIGHT, TREASU	JRER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Date	Check PTIN					
Paid	JENNIFER WRIGHT	11/1	5/17 self-employed P01031081					
Preparer	Firm's name METCALF HODGES P	.S.	Firm's EIN ▶ 91-1928356					
Use Only	Firm's address 🖕 709 DUPONT STREE'	Г						
	BELLINGHAM, WA 9	3225	Phone no. (360)733-1010					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-11	J2001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2016) COMMON THREADS FARM	20-5163417 Page
Pa	rt 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:	
	TO GROW GOOD KIDS, HEALTHY FOOD, AND STRONG COMMUNITY	THROUGH HANDS-ON
	SEED-TO-TABLE EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	· · · ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses, and
	revenue, if any, for each program service reported.	69.061
4a		Revenue \$ 68,061.
	SCHOOL BASED FOOD EDUCATION - LEADERSHIP, SUPPORT, AND PROGRAMMING TO ASSIST SCHOOLS WITH INSTALLATION, MAINT	
	CURRICULUM INTEGRATION OF SCHOOL GARDENS.	ENANCE, AND
	CORRECTION OF SCHOOL GARDENS.	
4b	(Code:) (Expenses \$19,938. including grants of \$) (i	Revenue \$ 23,822.
-10	YOUTH FARM & GARDEN PROGRAMS - AFTER SCHOOL AND SUMMER	
	FOCUSED ON COOKING, GARDENING, AND FARMING EDUCATION.	
	FARMS PARTNERSHIPS WITH COMMUNITY NONPROFITS TO PROVID	
	TO LOW-INCOME YOUTH LIVING IN HIGH-RISK ENVIRONMENTS.	
4c	(Code:) (Expenses \$ including grants of \$) (including grants of \$)	Revenue \$
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 203,007.	- 000
		Form 990 (201
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 Form 990 (2016)
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 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
h	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		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C		11c		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>			- 23
u	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	114		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
D	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	<u>_</u>		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>-</u> -
	complete Schedule G. Part III	19		I X

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		<u>x</u>
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			v
~~	Schedule L, Part I	25b		X
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,"	0		x
07	complete Schedule L, Part II	26		
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			
		27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		- 23
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	38	Х	

Form 990 (2016)

Form	<u>990 (2016)</u> COMMON THREADS FARM 20-5163	417	P	age 5
Pa	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	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>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
Ь	If "Yes," enter the name of the foreign country:			
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		50 50		- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 23
D		6b		
7		00		
7	Organizations that may receive deductible contributions under section 170(c).	70		x
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
		10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 92922	70		x
لم	to file Form 8282?	7c		
		7.		
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	990	<u> </u>

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COMMON THREADS FARM

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
ection A. Governing Body and Management	

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other				
	officer, director, trustee, or key employee?			.	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision				I
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х
6	Did the organization have members or stockholders?			.	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			. [7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			.	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						I
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			· ŀ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, attiliates,		4.01		1
44-	· · · · · · · · ·			··	10b	x	
11a		y befor	e filing the form?	h	11a	~	
b 10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	x	
12a b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		fliata2		12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			··	120		
U		,			12c	x	I
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			Г	13		х
14	Did the organization have a written document retention and destruction policy?			Г	14		X
15	Did the process for determining compensation of the following persons include a review and approva			"			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official			- [15a	х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a				
	taxable entity during the year?			. [16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed WA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) ava	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other <i>(explain</i>	n in Scl	hedule 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.

6

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	JENNIFER WRIGHT - 360 733 1010	
	709 DUPONT ST, BELLINGHAM, WA 98225	

2016.05000 COMMON THREADS FARM

Form **990** (2016)

Form 990 (2	2016)	COMMON	THREADS	FARM			20-
Part VII	Compensation	of Officers	, Directors,	Trustees,	Key Employees,	Highest Comp	pensated
	Employees an	d Independ	lant Contrad	store			

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.

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Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npens		(00-2/1099-00150)		organization and related
	below	dual t	ltiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN MCCLANAHAN	2.00									
SECRETARY		Х		х				0.	0.	0.
(2) OLIVIA YATES	2.00									
PRESIDENT		Х		х				0.	0.	0.
(3) JENNIFER WRIGHT	3.00									
TREASURER		Х		х				0.	0.	0.
(4) BRIAN PAHL	2.00									
DIRECTOR		Х						0.	0.	0.
(5) KAYLA SCHOTT-BRESLER	2.00									
DIRECTOR		Х						0.	0.	0.
						-				
		•								
		1								
	I	I				I		1	I	Form 990 (2016)
632007 11-11-16				-	-					Form 330 (2016)

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	990 (2016) COMMON TH	IREADS F	'AR	M						20-52	L634	.17	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reporta compens (list any Image: Compension of the						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	in I S	am comp fro	(F) timate ount o other pensat om the anizati	of tion e	
		organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			_	and	l relate	ed
1b	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A		· · · · · · ·	· · · · · · · ·				0. 0.	000 of reportable	0.			0.
	compensation from the organization		030	11510	u ac		,						Veel	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-			-	•			•		ſ	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	accrue compen	sati	on fr	rom	any	unre	late	ed organization or individ	lual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	•	•							•	ensati	on fro	m	
	the organization. Report compensation for t (A) Name and business			ndir DNE		ith c	or wi	thin	the organization's tax y (B) Description of s		Cc	(C omper) nsatior	า
								_						
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than	r	-orm (990 (2	2016
											r		14)

		Statement of Revenue	respons	e or note to any line	in this Part VIII			Г
		Check if Schedule O contains a			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
ıts	1 a	Federated campaigns						
our		Membership dues						
Am		Fundraising events		4,626.				
and Other Similar Amounts		Related organizations						
imis		Government grants (contributions)	1e					
ы Г	f	All other contributions, gifts, grants, and		1 5 6 5 6 5				
Ģ		similar amounts not included above		158,595.				
nd (Noncash contributions included in lines 1a-1f: \$			163,221.			
ß	n	Total. Add lines 1a-1f			105,221.			
	0 -	SCHOOL GARDENS		Business Code 611710	67,282.	67,282.		
		YOUTH PROGRAMS		611710	23,822.	23,822.		
ne				011/10	23,022.	23,022.		
ven	c d							
Re								
Revenue	e f	All other program service revenue						
		Total. Add lines 2a-2f			91,104.			
	3	Investment income (including divide			51/2010			
	U	other similar amounts)			779.	779.		
	4	Income from investment of tax-exem						
	5	Royalties		F				
	-) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
			ecurities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
,	8 a	Gross income from fundraising even	•					
		including \$ 4,626.	of					
		contributions reported on line 1c). Se						
5		Part IV, line 18		a 0.				
		Less: direct expenses		b 0.	0			
		Net income or (loss) from fundraising		····· •	0.			_
	9 a	Gross income from gaming activities						
		Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gaming ac						
	10 a	Gross sales of inventory, less returns						
	b	and allowances						
		Less: cost of goods sold						
┢	С	Net income or (loss) from sales of inv Miscellaneous Revenue	rentory	Business Code				
	11 a							
	n a b							
	ы С			·				
		All other revenue		·				
		Total. Add lines 11a-11d						
	•							

COMMON THREADS FARM

Form 990 (2016)

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Form 990 (2016)

COMMON THREADS FARM Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,776.	71,388.	3,388.	
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	19,826.	19,826.		
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,456.	18,483.	973.	
10	Payroll taxes	4,848.	4,848.		
11	Fees for services (non-employees):	-	-		
а	Management				
b	Legal				
с	Accounting	808.		808.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	12,884.	12,884.		
13	Office expenses	3,278.	-	3,278.	
14	Information technology	560.		560.	
15	Royalties				
16	Occupancy				
17	Travel	989.	790.	199.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,312.	6,312.		
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	290.		290.	
23	Insurance	2,276.	440.	1,836.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD AND SITE BASED EDU	54,282.	54,282.		
b	PROGRAM MATERIALS & SUP	13,754.	13,754.		
c	LICENSES	50.		50.	
d				-	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	214,389.	203,007.	11,382.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

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orm	990 (2016) COMMON THREADS	FARM			20-	5163417	Page 11
	τX	Balance Sheet						U
		Check if Schedule O contains a response or not	e to any line	e in this Part X				
					(A) Beginning of year		(B) End of y	
	1	Cash - non-interest-bearing			243,195.	1	286	5,164.
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and fo						
		trustees, key employees, and highest compensation						
		Part II of Schedule L				5		
	6	Loans and other receivables from other disqualit						
		section 4958(f)(1)), persons described in section	4958(c)(3)(E	B), and contributing				
		employers and sponsoring organizations of sect						
ţ		employees' beneficiary organizations (see instr).	6					
Assets	7	Notes and loans receivable, net		7				
Ÿ	8	Inventories for sale or use	1,036.	8	2	2,019.		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	1,448.				
	b	Less: accumulated depreciation	10b	1,111.	627.	10c		337.
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1				12		
	13	Investments - program-related. See Part IV, line	11			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		244,858.			<u>3,520.</u>
	17	Accounts payable and accrued expenses		·····	9,655.	17	12	2,602.
	18	Grants payable				18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete I				21		
es	22	Loans and other payables to current and former						
ilities		key employees, highest compensated employee	s, and disqu	ualified persons.				

Liabilities Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 12,602. 9,655. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 30 through 34. 0. 30 0. 30 Capital stock or trust principal, or current funds 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 235,203. 275,918. 32 Retained earnings, endowment, accumulated income, or other funds 32 235,203. 275,918. Total net assets or fund balances 33 33 244,858. 288,520. 34 34 Total liabilities and net assets/fund balances Form 990 (2016)

Fc

Form 990 (2016) COMMON THREADS FARM 20-516341	7 F	Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
		104.
		389.
3 Revenue less expenses. Subtract line 2 from line 1 3	10,	<u>715.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>35,</u>	<u>203.</u>
5 Net unrealized gains (losses) on investments 5		
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		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	75,	<u>918.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Ye	s No
1 Accounting method used to prepare the Form 990: X Cash Carual Conter		
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?		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	_	<u> </u>
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	_	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2016)

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

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Interna	al Reve	nue Service	Information	on about Schedule A	(Form 990 or 990-EZ) and i	ts instruction	ons is at w	ww.irs.gov/fo	orm990.	Insp	pection
Nam	e of	the organizatio	n						Employer	identifica	tion numbe
				ON THREADS						0-516	3417
Pa	rt I	Reason f	or Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instruction	S.		
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, con	vention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).			
2		A school desc	ribed in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical rese	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospita	al's name,
		city, and state	:								
5		An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b	o)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state	e, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizatio	on that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general i	oublic desc	ribed in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community	trust describe	d in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	l research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university o	r a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizatio	on that normal	lly receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, members	hip fees, an	d gross red	ceipts from
		activities relate	ed to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross	investment
		income and ur	nrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	fter June 3	0, 1975.
		See section 5	609(a)(2). (Cor	mplete Part III.)							
11		An organizatio	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizatio	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes o	of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). (Check the b	oox in
	_	_lines 12a throu	ugh 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.		
а		Type I. A su	pporting orga	nization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the supporte	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
	_	organization	. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A su	upporting orga	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring	
		control or m	anagement of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		¬ ⁻		t complete Part IV,							
С		Type III fund	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
	_		•		You must complete I						
d			-		porting organization oper				-		
			•		zation generally must sat	-		-	d an attentiv	reness	
		-			nplete Part IV, Sections						
е			0		written determination fro			Туре I, Туре	II, Type III		
			•		nally integrated supporti	ng organiz	ation.				
		er the number o		•							
<u> </u>		vide the followir (i) Name of suppo		about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount a	f monetary	(vi) Amo	ount of other
		organization		() =	(described on lines 1-10	in your governi Yes	ng document?	support (see i			e instructions
					above (see instructions))	165			-		
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990 EZ) 2016 COMMON THREADS FARM

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	120,962.	137,086.	133,721.	183,117.	250,065.	824,951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	120,962.	137,086.	133,721.	183,117.	250,065.	824,951.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						824,951.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	120,962.	137,086.	133,721.	183,117.	250,065.	824,951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	387.	496.	783.	782.	779.	3,227.
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.)						
11	Total support. Add lines 7 through 10						828,178.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	124,237.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.61 %
	Public support percentage from 2015					15	99.60 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	ization
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMON THREADS FARM

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

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(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	A. Public Support						
Calendar yea	r (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, g	rants, contributions, and						
membe	ership fees received. (Do not						
include	e any "unusual grants.")				_		
mercha formed any act	receipts from admissions, andise sold or services per- l, or facilities furnished in tivity that is related to the ration's tax-exempt purpose						
	receipts from activities that an unrelated trade or bus-						
iness u	nder section 513						
ization'	venues levied for the organ- 's benefit and either paid to ended on its behalf						
furnish	lue of services or facilities ed by a governmental unit to						
the org	anization without charge						
	Add lines 1 through 5						
	its included on lines 1, 2, and ved from disqualified persons						
from othe exceed th	included on lines 2 and 3 received r than disqualified persons that the greater of \$5,000 or 1% of the n line 13 for the year						
c Add lin	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
	3. Total Support		1	Т		1	1
	r (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ts from line 6				_		
dividen	ncome from interest, ids, payments received on ies loans, rents, royalties come from similar sources						
(less se	ed business taxable income ction 511 taxes) from businesses						
	d after June 30, 1975						
11 Net inc activitie whethe	es 10a and 10b come from unrelated business es not included in line 10b, er or not the business is						
12 Other in or loss	ly carried on ncome. Do not include gain from the sale of capital (Explain in Part VI.)						
	Ipport. (Add lines 9, 10c, 11, and 12.)						
14 First fi	ve years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check t	this box and stop here		<u></u>	·····	<u></u>	- 	
Section C	C. Computation of Public	<u>c Support Per</u>	centage				
15 Public	support percentage for 2016 (li	ne 8, column (f) di	vided by line 13, d	column (f))		15	%
	support percentage from 2015					16	%
Section D	D. Computation of Inves	tment Income	e Percentage				
17 Investn	nent income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	nent income percentage from 2					18	%
19a 33 1/39	% support tests - 2016. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	nan 33 1/3%, check this box ar	-	•		•••		▶□
	% support tests - 2015. If the						
line 18	is not more than 33 1/3%, che	ck this box and s t	top here. The org	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private	e foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t			▶∟
632023 09-21-1	6		1 5	5	Sch	edule A (Form 99	0 or 990-EZ) 2016

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1

2

Yes No

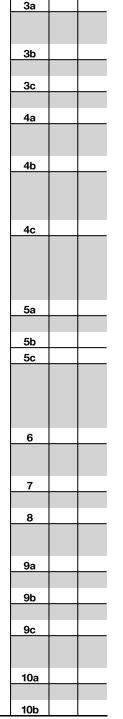
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Na
	Mare a majority of the experimation's directors or tructure during the territory alog a majority of the directory		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. Air Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ)	2016

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Schedule A (Form 990 or 990 EZ) 2016 COMMON THREADS FARM 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.

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 COMMON THREADS FARM

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

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A	(Form 990 or 990-EZ) 2016 COMMON THREADS FARM	20-5163417 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	tion B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B. line 1e: Part V.

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Employer identification number

20-5163417

Name	of the	organization

Organization type (check one):

COMMON THREADS FARM

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of or	ganization
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COMMON THREADS FARM

Page 2
Employer identification number

20-5163417

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHATCOM COMMUNITY FOUNDATION 119 GRAND AVE; SUITE A BELLINGHAM, WA 98225	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WHOLE KIDS FOUNDATION 550 BOWIE ST AUSTIN, TX 78703	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page **3** Employer identification number

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COMMON THREADS FARM

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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Name of orga	nization		Employer identification number
	THREADS FARM		20-5163417
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
523454 10-18-10	6		Schedule B (Form 990, 990-EZ, or 990-PF) (2016

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60		Supplement	al Financial Statements		L	OMB No. 1545-0047
	HEDULE D n 990)		anization answered "Yes" on Form 990,			2016
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to Public
	ment of the Treasury I Revenue Service	Information about Schedule D (For	m 990) and its instructions is at www.irs.go	<u>//form99</u>	0.	Inspection
Nam	e of the organization			Em		dentification number
Pa	rt I Organiza	COMMON THREADS FAR	M d Funds or Other Similar Funds or A			-5163417
I u	-	n answered "Yes" on Form 990, Part IV, lin		100001	10. 0	
		· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Fur	nds and	other accounts
1	Total number at en	d of year				
2		f contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value at	end of year				
5	-		writing that the assets held in donor advised fu			
			exclusive legal control?		l	Yes No
6			dvisors in writing that grant funds can be used			
			r donor advisor, or for any other purpose confe	•	I	
Pa			ganization answered "Yes" on Form 990, Part I			Yes No
1		ervation easements held by the organization		v, in e 7.	•	
•		of land for public use (e.g., recreation or e		llv impor	tant lan	nd area
		f natural habitat	Preservation of a certified	•		
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a d	onserva	tion eas	sement on the last
	day of the tax year				Held at	t the End of the Tax Year
а	Total number of co	nservation easements		2a		
b	•	• • • • • • • • • • • • • • • • • • • •				
С			ucture included in (a)	2c		
d			after 8/17/06, and not on a historic structure			
				2d		
3			eased, extinguished, or terminated by the orga	nization	during	the tax
4	year	 where property subject to conservation eas				
4 5		ion have a written policy regarding the per				
•		procement of the conservation easements it				Yes No
6			handling of violations, and enforcing conserva			
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asemen	ts durin	g the year
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
						Yes No
9		•	on easements in its revenue and expense state			
		· •	tion's financial statements that describes the o	rganizati	on's ac	counting for
Pa	conservation easer		Art, Historical Treasures, or Other	Simila	r Asse	ets.
		the organization answered "Yes" on Form		•		
1a	-	*	C 958), not to report in its revenue statement a	and bala	nce she	et works of art.
			nibition, education, or research in furtherance of			
		note to its financial statements that descril				, , , , ,
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance	sheet w	vorks of art, historical
	treasures, or other	similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, p	rovide t	he following amounts
	relating to these ite	ems:				
	(i) Revenue inclue					
2			asures, or other similar assets for financial gair	, provide	Э	
		ints required to be reported under SFAS 1			•	
a					\$	
			- fey Feym 000	🕨	<u>\$</u> Sahad	ula D (Farma 000) 0040
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	5 IOF FORM 990.		Sched	ule D (Form 990) 2016

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1432.001

Sche		THREADS FAF						20-51			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	torical Tre	asures, or	r Other	Similar	Asset	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, chec	k any of the f	ollowing that	are a sig	nificant u	se of its c	ollection	items	5
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how t	hey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	sures, or othe	er similar a	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatio	n answered "	'Yes" on I	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi							_	_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		¬
	Did the organization include an amount on Fo						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>			
I ai	t V Endowment Funds. Complete i							aava kaali	(-) [haali
4.	Designing of year balance	(a) Current year	(D)	Prior year	(c) Two year	S DACK (d) Three y	ears dack	(e) Four	years	DACK
1a	Beginning of year balance										
D	Contributions										
C A	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curr	ent year end balance	lino 1	a column (a)) held as:						
2 a	Board designated or quasi-endowment		%	y, column (a	<i>ij</i> neiu as.						
h	Permanent endowment	%	_^0								
c c	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		tion th:	at are held ar	nd administer	ed for the	organiza	tion			
04	by:	oolon of the organiza					organiza]	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										•
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part l'	V, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment				1,448.		1,11	1.		3	37.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, colui	mn (B), line 1	0c.)					3	37.
								Schedule	D (Forn	n 990)	2016

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

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	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 COMMON THREADS FARM		20-5163417 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt 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.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 16 Open to Public Inspection Employer identification number

COMMON THREADS FARM

20-5163417

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

WANT KIDS TO GROW UP MAKING FOOD CHOICES THAT ARE GOOD FOR THEIR

BODIES, COMMUNITIES, AND ENVIRONMENT.

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

AN ELECTONIC COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

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

ON AN ANNUAL BASIS, THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST

POLICY WITH THE BOARD. THE BOARD SIGNS A STATEMENT THAT THEY HAVE READ AND

UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREES TO COMPLY WITH IT.

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

INDEPENDENT MEMBERS OF THE BOARD REVIEW AND APPROVE EXECUTIVE DIRECTOR

COMPENSATION BY REVIEWING REGIONAL COMPARATIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

2016.05000 COMMON THREADS FARM

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(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					or 3 fuertaryin		
Туре о	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	COMMON THREADS FARM					3/17	
File by the due date f		see instruct	tions	Social se	20-5163417 Social security number (SSN)		
filing your return. See	516 E NORTH ST						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLINGHAM, WA 98225							
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			01	
Application Return Application				Return			
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
box 1 I fc	s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until or the organization named above. The extension is for the ▶ calendar year 2016 or ▶ tax year beginning the tax year entered in line 1 is for less than 12 months, c	and atta	Ach a list with the names and EINs of MBER 15, 2017, to file on's return for:	all memb	ers the extens	sion is for.	
[Change in accounting period						
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 onrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less any	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	anter an	refundable credits and	0a	Ψ		
	stimated tax payments made. Include any prior year over			Зb	\$	0.	
_	alance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	y using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
	n: If you are going to make an electronic funds withdrawa						
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instru	uctions.		Form 88	368 (Rev. 1-2017)	

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

623841 01-11-17

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