Common Threads

2023 Form 990 PUBLIC DISCLOSURE COPY

Larson Gross

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	2023 calendar year, or tax year beginning and end	ling				
	heck if oplicable	C Name of organization		D Employer identific	cation number		
	Addres	COMMON THREADS FARM					
	Name change	Doing business as		20-51634	17		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Roo 801 W ORCHARD DRIVE 2	m/suite	E Telephone number 360-927-1590			
	termin ated	1		G Gross receipts \$	1,626,080.		
	Ameno return	BELLINGHAM, WA 90225	H(a) Is this a group re				
	Application pending	F Name and address of principal officer: ALL UENSEN		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or ce: COMMONTHREADSFARM.ORG	527	*	list. See instructions		
	Vebsit	organization: X Corporation Trust Association Other	I Voor d	H(c) Group exemption	n number 1 State of legal domicile: WA		
	rt I	Summary	L Year (or formation: 2000 N	A State of legal domicile; WA		
Φ.		Briefly describe the organization's mission or most significant activities: COMMON					
Governance		TO JOYFULLY CONNECT YOUNG PEOPLE WITH HEALT	HY F	OOD THROUGH	HANDS ON		
rne	2	Check this box if the organization discontinued its operations or disposed of	of more	<u> </u>			
ove		Number of voting members of the governing body (Part VI, line 1a)			<u> </u>		
& G		Number of independent voting members of the governing body (Part VI, line 1b)			5		
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			59		
ivit		Total number of volunteers (estimate if necessary)			55		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		1,110,325.	1,483,056.		
ıne		(D. 1)(III. II. 0.)		178,364.	126,566.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-125,928.	16,458.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,134.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,163,895.	1,626,080.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		758,961.	1,069,547.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ф		Total fundraising expenses (Part IX, column (D), line 25) 65,872	•				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		159,422.	230,125.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		918,383.	1,299,672.		
	19	Revenue less expenses. Subtract line 18 from line 12		245,512.	326,408.		
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		1,198,569.	1,836,408.		
et A	21	Total liabilities (Part X, line 26)		75,348.	168,873.		
Z _i	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,123,221.	1,667,535.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	1 stateme	nts, and to the hest of my	knowledge and helief it is		
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which i		· · ·	Milowidago and bollot, it is		
Sigr	1	Signature of officer		Date			
Her		ALI JENSEN, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature / /	I .	Date Check Check	PTIN		
Paid		STEVE FORBES-CPA Stun John	u	self-employ			
	arer	Firm's name LARSON GROSS PLLC		Firm's EIN 9	1-1663574		
Use	Only	Firm's address 2211 RIMLAND DR. #422			0 004 4000		
		BELLINGHAM, WA 98226		Phone no. 36	0-734-4280		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

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including grants of \$

1,014,409.

Total program service expenses

) (Revenue \$

Form 990 (2023) COMMON THREADS FARM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
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			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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			Yes	No
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		<u> </u>
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		<u> </u>
	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	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		_
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	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		Х
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		<u> X</u>
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 on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
· al	Check if Schedule O contains a response or note to any line in this Part V			
	Check it deficulte of contains a response of flote to any line in this part v		Yes	Na
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
b	Enter the number reported in box 3 of Form 1090. Enter 40- in not applicable 1a			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	990 (2023) COMMON THREADS FARM	20-	-51634	<u>.17</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		I I			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- 0			
	filed for the calendar year ending with or within the year covered by this return	2a	59			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	<u> </u>	2b	X	
	•			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country		— I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		L	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization soli	cit			
	any contributions that were not tax deductible as charitable contributions?		L	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contributio	vices provided to the	e payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		L	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		·····	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	· ·		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		98-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.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	I I				
а	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	10b				
11	Section 501(c)(12) organizations. Enter:	I I				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	L	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		L	13a		

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Note: See the instructions for additional information the organization must report on Schedule O.

If "Yes," complete Form 6069

Form **990** (2023)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 on Schedule O.				
b	Enter the number of voting members included on 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	with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset				Х
6	Did the organization have members or stockholders?		6		Х
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, st				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
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 read	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		120		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>
b	Other officers or key employees of the organization		15b)	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	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 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	STEPHANIE PAL - (360) 927-1590				
	801 W ORCHARD DRIVE, STE 2, BELLINGHAM, WA 98225				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	o, gu		((C)		our	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than o box, unless person is both officer and a director/trust				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LAURA PLAUT	40.00			,,				F1 004		04 400
EXECUTIVE DIRECTOR	2 00			Х				51,004.	0.	24,409.
(2) ALI JENSEN PRESIDENT	2.00	x		х				0.	0.	0.
(3) MARIA MACPHERSON	1.00	Λ		^		┢		· ·	0.	<u></u>
TREASURER	1.00	Х		Х				0.	0.	0.
(4) NOLAN DAVIDSON	1.00	T-							0.1	
SECRETARY		х		х				0.	0.	0.
(5) LINDSAY MCDONALD	1.00									
DIRECTOR		Х						0.	0.	0.
(6) STEPHANIE PAL	1.00									
DIRECTOR		Х						0.	0.	0.
								l		

(A) Name and title	(B) Average hours per week	Average hours per week Po (do not chec box, unless pofficer and a						(D) Reportable compensation from	(E) Reportable compensation from related	Estin amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fron organ and r	nsation n the ization elated zations
1b Subtotal								51,004.	0.		409.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)								51,004.	0.		0.
Total number of individuals (including compensation from the organization	but not limited to th	ose I	iste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1	0
3 Did the organization list any former of			•		•		_	•	•	3	es No X
 line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than 	he sum of reportabl	e coi	mpe	nsat	tion	and	oth	er compensation from t	ne organization	4	X
Did any person listed on line 1a receiv rendered to the organization? If "Yes."	e or accrue comper	satio	on fr	om a	any	unre	elate	ed organization or individ		5	X
Section B. Independent Contractors 1 Complete this table for your five higher									100 000 of compone		
the organization. Report compensation (A	n for the calendar ye										
Name and busi		NC	NE	:				Description of s	ervices	(C) Compens	ation
							\dashv				
							\dashv				
2 Total number of independent contract	ors (including but no	ot lim	nited	to t	hos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the o					C					Farm QC	0 (2023)

Form 990 (2023) COMMON THREADS FARM
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respo	nse (or note to anv lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
SS	1	a Fed	derated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
S S			embership dues ndraising events								
ffs,			lated organizations								
ية إق						1	256,646.				
Sir			overnment grants (contri		' 	<u> </u>	250,040.				
utic			other contributions, gifts,				226,410.				
ë₽			nilar amounts not included				14,167.				
o lo		_	ncash contributions included in I					1,483,056.			
Oa		n 10	tal. Add lines 1a-1f				Business Code	1,403,030.			
		C C	TITOOT DROCES	MC			611710	72 420	72 / 20		
ice			CHOOL PROGRA			_	611710	73,428.	73,428.		
er Te			TATE PARTNER	<u>></u>		_		50,673.	50,673.		
n S		_	OOD TRUCK			_	722210	2,465.	2,465.		
Jrar 3e∖		d				_					
Program Service Revenue		e				_					
۵			other program service					106 566			
			tal. Add lines 2a-2f					126,566.			
	3		estment income (includ					16 450			16 450
								16,458.			16,458.
	4		come from investment o		=	-					
	5	Ro	yalties								
					(i) Real		(ii) Personal				
	6	a Gro	oss rents	6a							
		b Les	ss: rental expenses	6b							
		c Rei	ntal income or (loss)	6с							
			t rental income or (loss)								
	7	a Gro	oss amount from sales of		(i) Securit	es	(ii) Other				
		ass	sets other than inventory	7a							
		b Les	ss: cost or other basis								
nue			d sales expenses								
her Revenue		c Ga	in or (loss)	7с							
Be		d Net	t gain or (loss)								
her	8	a Gro	oss income from fundraisir	ig eve	ents (not						
٥		inc	cluding \$		of						
			ntributions reported on		,						
			rt IV, line 18			8a					
		b Les	ss: direct expenses			8b					
		c Net	t income or (loss) from t	fundr	raising even	ts_					
	9		oss income from gamin	-							
			rt IV, line 19			9a					
		b Les	ss: direct expenses			9b					
		c Net	t income or (loss) from (gamii	ng activities	;	 T				
	10		oss sales of inventory, le								
		and	d allowances			10a					
		b Les	ss: cost of goods sold			10b					
		c Ne	t income or (loss) from s	sales	of inventor	у					
S							Business Code				
Miscellaneous Revenue	11	a									
ane		-									
Sell											
Ais.		d All	other revenue								
		e To	tal. Add lines 11a-11d								
	12	Tot	al revenue. See instructio	ns				1,626,080.	126,566.	0.	16,458.

332009 12-21-23

Secti	on 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	this Part IX(B) Program service	(C) Management and	
	8b, 9b, and 10b of Part VIII.	1	ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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,				
3	trustees, and key employees	75,413.	64,076.	7,714.	3,623
6	Compensation not included above to disqualified	7072201	02,0700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,023
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	856,218.	727,500.	87,589.	41,129
8	Pension plan accruals and contributions (include	,	,	, , , , , , ,	, – – –
-	section 401(k) and 403(b) employer contributions)	38,654.	15,377.	12,377.	10,900
9	Other employee benefits	52,340.	44,951.	3,350.	4,039
10	Payroll taxes	46,922.	35,490.	7,779.	4,039 3,653
11	Fees for services (nonemployees):			-	-
а	Management				
b	Legal				
С	Accounting	22,530.		22,530.	
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 O.)	2,480.	420.	2,060.	
12	Advertising and promotion	2,480. 3,415.	52.	1,894.	1,469
13	Office expenses	18,549.	11,744.	6,552.	253
14	Information technology				
15	Royalties				
16	Occupancy	27,116.	18,116.	9,000.	
17	Travel	14,453.	12,282.	1,774.	397
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,034.		34,034.	
23	Insurance	3,484.		3,484.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES	74,219.	70,683.	3,536.	
a	VEHICLE MAINTENANCE	8,626.	8,626.	3,330.	
b	TRAINING AND DEVELOPMEN	5,541.	5,032.	100.	409
c d	PAYROLL EXPENSES	2,982.	3,032.	2,982.	±0 <i>)</i>
	All other expenses	12,696.	60.	12,636.	
	Total functional expenses. Add lines 1 through 24e	1,299,672.	1,014,409.	219,391.	65,872
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	1,200,012.	<u> </u>	217,3710	05,012
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	[]	<u> </u>	L		Form 990 (202

Form 990 (2023)

Part X | Balance Sheet

Part X	(Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			394,876.	1	328,749
2		Savings and temporary cash investments			157,556.	2	500,597
3		Pledges and grants receivable, net				3	211,613
4		Accounts receivable, net			62,519.	4	78,180
5		Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of t	these pe	sons		5	
6	3	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in s	ection 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use			3,762.	8	3,762 5,309
9 گ		Donat del component and defended also access				9	5,309
10)a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	184,447.			
	b	Less: accumulated depreciation	10	95,621.	125,315.	10c	88,826
11	1	Investments - publicly traded securities	455,857.	11	546,484		
12	2	Investments - other securities. See Part IV, Iir		12			
13	3	Investments - program-related. See Part IV, li		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	-1,316.	15	72,888		
16		Total assets. Add lines 1 through 15 (must e			1,198,569.	16	1,836,408
17		Accounts payable and accrued expenses			19,858.	17	123,249
18		Grants payable				18	
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple				21	
ဖွ 22		Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	-			22	
23		Secured mortgages and notes payable to un				23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X	EE 400		15 621
					55,490. 75,348.	25	45,624 168,873
26	<u> </u>	Total liabilities. Add lines 17 through 25	- I I- I-	ere X	75,340.	26	100,073
ړي		Organizations that follow FASB ASC 958, o	cneck n	ere 🔼			
ء ا م	,	and complete lines 27, 28, 32, and 33.			877,708.	07	1 667 535
27 a				·····	245,513.	27	1,667,535 0
<u>ജ്</u> 28	5			k bara	243,313.	28	0
.등		Organizations that do not follow FASB ASC	C 958, C	ieck nere			
卢 ~	,	and complete lines 29 through 33.	ndo.			00	
st 29		Capital stock or trust principal, or current fun				29	
98 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 25 29 30 31 35		Retained earnings, endowment, accumulated			1,123,221.	31	1,667,535
				·····	1,123,221.	32	1,836,408
33	<u> </u>	Total liabilities and net assets/fund balances			±,±,0,,003.	აა	Form 990 (202

5				- ' '	igo -					
Pai	Tt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6	26,0	180.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2							
3	Revenue less expenses. Subtract line 2 from line 1	3			.80					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5	1	20,1	10.					
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8	9	97,7	96.					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	1,6	57,5	35.					
Pai	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х					
	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?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate									
	consolidated basis, or both:	,								
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	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?		20	:	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required									
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		36							
	and a same, supplies the state of the state				(2023)					
			. 01		(-0-0)					

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		COMM	ON THREADS	FARM				0-516341/
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that norma						oublic described in
•			•	itiai part of its support if	om a gove	minentari	unit of from the general	public described in
		section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Day	. II \			
8	\mathbb{H}	A community trust describe						n.
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must o			, ,			11 3
b		Type II. A supporting org	- · · · · · · · · · · · · · · · · · · ·		ion with it	s sunnorte	d organization(s) by hav	vina .
~		control or management o	•					-
		organization(s). You mus			arric perso	110 11141 001	inor or manage the supp	501100
_		Type III functionally inte			in connoct	ion with a	and functionally intograte	od with
С			-				• •	with,
		its supported organization						t:(-)
d		☐ Type III non-functionally					• • • • •	
		that is not functionally int		•	•		•	veness
		requirement (see instructi	·	-				
е		☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported of						
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oras	ınization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See motractions)	Support (See motifications)

332021 12-21-23

Schedule A (Form 990) 2023 COMMON THREADS FARM 20-5163

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	tion
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	458,695.	618,952.	1186917.	989,616.	1483056.	4737236.
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	458,695.	618,952.	1186917.	989,616.	1483056.	4737236.
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)						378,272.
6	Public support. Subtract line 5 from line 4.						4358964.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	458,695.	618,952.	1186917.	989,616.	1483056.	4737236.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,950.	48,618.	30,056.	8,316.	16,458.	106,398.
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						4843634.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	126,566.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	89.99 %
	Public support percentage from 2022					15	95.25 %
16a	33 1/3 % support test - 2023. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		·	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	~		• • •			
b	10% -facts-and-circumstances test						IU% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 165, 1/a, or 17b	o, cneck this box ar		
						Schedule A	(Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

332024 12-21-23

Par	Supporting Organizations (continued)			
	_		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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 on line 2, above, 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			
C1	supported organizations played in this regard.	3		
Sect	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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	uctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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	2h		
	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no eappeared organizations: If Teo. Describe III i with the file fold diaved by the organization in this redain	-N		

	dule A (Form 990) 2023 COMMON THREADS FARM			20-5163417 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		

Schedule A (Form 990) 2023

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

3

4 5

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

COMMON THREADS FARM 20-5163417 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMMON THREADS FARM

20-5163417

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$53,667.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$31,115.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 704,366.	Person X Payroll

Page 3

Name of organization Employer identification number

COMMON THREADS FARM

20-5163417

Dord II			0 3103417
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
		\$	
323453 12-26	-23		Schedule B (Form 990) (2023

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** COMMON THREADS FARM 20-5163417 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

COMMON THREADS FARM

Employer identification number 20-5163417

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering ecologicalisms	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	
	chedule D (Form 990) 2023

Par	rt III Organizations Maintaining	Collections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, access	sion, and other record	s, check	any of the f	ollowing that	make sig	nificant ι	use of its		
	collection items (check all that apply).									
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	n how the	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit	or receive donations of	of art, his	torical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be n	naintained as part of th	ne organi	ization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrai								ne 9, or	
	reported an amount on Form 990, P									
1a	Is the organization an agent, trustee, custoo	dian, or other intermed	diary for d	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on						v?		Yes	No
	If "Yes," explain the arrangement in Part XII	* *	•						_	
	rt V Endowment Funds Complete									
	<u> </u>	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance									
b										
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	0.0									
	and programs									
f										-
a	End of year balance									
2	Provide the estimated percentage of the cu		e (line 1a	column (a)) held as:	<u> </u>				
а			%	,	,					
b		%								
c		<u></u> ,s								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
За	Are there endowment funds not in the poss	•	tion that	are held ar	nd administer	ed for the	•			
	organization by:	3							[]	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz								3b	
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipr									
	Complete if the organization answer	ed "Yes" on Form 990	, Part IV,	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	ed	(d) Book	value
	,	basis (investr	nent)		(other)	dep	reciation		. ,	
	Land									
b										
С										
d				18	4,447.		95,62	21.	88	,826.
е	Other	1					-			
	al. Add lines 1a through 1e. (Column (d) must		X. line 10	c. column	(B))				88	,826.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 COMMON THREE Part VII Investments - Other Securities	ADS FARM	20	-5163417 Page 3
Complete if the organization answered "Yes" of	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	d-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Tatal (Col. /h) must equal Form 000. Port V. line 12. col. /P.)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		
Complete if the organization answered "Yes" of	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) LEASE LIABILITY			45,624.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		45 624.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

	rt XI Reconciliation of Revenue per Audited Financia				
	Complete if the organization answered "Yes" on Form 990, Par				4 546 400
1	Total revenue, gains, and other support per audited financial statemen	ts		1	1,746,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	• • • • • • • • • • • • • • • • • • • •		120,110.		
b					
С	Recoveries of prior year grants	2c			
d	7	2d			100 110
е				2e	120,110.
3	Subtract line 2e from line 1			3	1,626,080.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а					
b	,	4b			•
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. II rt XII Reconciliation of Expenses per Audited Financia	ine 12.)		5	1,626,080.
Pai			Expenses per H	eturr	1
	Complete if the organization answered "Yes" on Form 990, Par				1 000 650
1	Total expenses and losses per audited financial statements			1	1,299,672.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	, , , , , , , , , , , , , , , , , , , ,				
С					
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			0
	Add lines 2a through 2d			2e	1 200 672
3	Subtract line 2e from line 1			3	1,299,672.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	,	4b		_	0
	Add lines 4a and 4b			4c	0. 1,299,672.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XIII Supplemental Information	line 18.)		5	1,299,672.
		14.5 (8/2)	101 5 11/1: 4	· · ·	/ II
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			Part X	i, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional inform	ation.		

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMON THREADS FARM

Employer identification number 2.0 - 51.6341.7

COMMON THREADS FARM 20 5105417
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SEED-TO-TABLE EDUCATIONAL PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS ARE OFFERED AN OPPORTUNITY FOR REVIEW OF THE FORM 990.
THE RETURN IS NOT FILED WITHOUT A VOTE FOR APPROVAL FROM THE GOVERNING
BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FULL BOARD REVIEWS THE POLICY ANNUALLY AND ANY PERCEIVED OR ACTUAL
CONFLICTS OF INTEREST ARE REVIEWED, EVALUATED, DOCUMENTED, AND PROMPTLY
ADDRESSED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS ESTABLISHES THE EXECUTIVE DIRECTOR COMPENSATION PER
THE COMPENSATION POLICY ON RECORD, WHICH INCLUDES REVIEWING COMPARABLE
SALARY DATA. NOTES OF COMPENSATION DETERMINATION MEETINGS ARE RECORDED BY
THE SECRETARY.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE TO THE PUBLIC BY VISITING THE WEBSITE'S GOVERNANCE
DOCUMENTS PAGE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023