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CLIENT'S COPY



BREAKTHROUGH AUSTIN 1050 EAST 11TH STREET NO. 350 AUSTIN, TX 78702 ATTENTION: MICHAEL GRIFFITH

DEAR MICHAEL:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KAREN E. ATCHLEY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	BREAKTHROUGH 1050 EAST 11TH STREET NO. 350 AUSTIN, TX 78702
Prepared by	ATCHLEY & ASSOCIATES, LLP 1005 LA POSADA DRIVE AUSTIN, TX 78752
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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)

6

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Internal Revenue Service

Open to Public Inspection

Α	For th	e 2016 calendar year, or tax year beginning and	ending				
В	Check if applicab	e: C Name of organization		D Employer identific	cation number		
	Addre]			
	Name chang	Doing business as		74-2	991346		
	Initial return Final	1050 EXCM 11MU CMDEEM	Room/suite 350	E Telephone numbe 512-	r 692–9444		
	return termir ated			G Gross receipts \$	3,450,259.		
	Amen	ded ATTCOTTN DV 79702		-			
H	return Applio	•		H(a) Is this a group re			
	ltiön pendi			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 527	┥,	list. (see instructions)		
		te: > WWW.BREAKTHROUGHAUSTIN.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2001 N	$m{n}$ State of legal domicile; ${f T}{f X}$		
P	art I	Summary					
Φ	1	Briefly describe the organization's mission or most significant activities: BREA	KTHROU	JGH PROVIDES	INTENSIVE,		
& Governance		COMPREHENSIVE AND SUSTAINED PROGRAMMING					
na	2	Check this box if the organization discontinued its operations or disposit	sed of more	e than 25% of its net as	ssets.		
Ve	1	-		3	20		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			20		
ა ბ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			191		
ţį					581		
Activities		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 34					
				Prior Year	Current Year		
Revenue		Contributions and grants (Part VIII, line 1h)		2,560,727.	3,384,839.		
	1	Program service revenue (Part VIII, line 2g)		0.	0.		
še		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,467.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-32,662.	-9,181.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,532,532.	3,381,843.		
	13	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.		
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,829,592.	2,281,657.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
bel	b	Total fundraising expenses (Part IX, column (D), line 25) 382,8	03.				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		571,352.	734,478.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,400,944.			
	1	Revenue less expenses. Subtract line 18 from line 12		131,588.	365,708.		
_ S		nevenue less expenses. Subtract line to nont line 12		eginning of Current Year	End of Year		
Net Assets or Find Balances		Total access (Dark V. line 10)		3,670,340.	4,057,508.		
\SSE Ball	20	Total assets (Part X, line 16)		894.	22,354.		
et/	21	Total liabilities (Part X, line 26)		3,669,446.	4,035,154.		
		Net assets or fund balances. Subtract line 21 from line 20		3,009,440.	4,033,134.		
_	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.			
Sig	ın	Signature of officer		Date			
He	re	MICHAEL GRIFFITH, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name	c 01	Date Check	PTIN		
Pai	d	Print/Type preparer's name KAREN E. ATCHLEY Pleparer's signature Ctchly,	CPA	10/26/17 self-employ	ed №00238005		
Pre	parer	Firm's name ATCHLEY & ASSOCIATES, LLP		Firm's EIN	74-2920819		
Use Only Firm's address 1005 LA POSADA DRIVE							
	-	AUSTIN, TX 78752		Phone no (5	12)346-2086		
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1. //0/10 //0. (0	X Yes No		
ivid	y uil ⊂ I	10 discuss this return with the preparer shown above: (see instructions)			163 180		

Pai	Obselvit Cabadula O applains a vacages as update a gravities in this Dark III	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: BREAKTHROUGH AUSTIN PROVIDES OUT-OF-SCHOOL LEARNING AND ACADEM	
	MANAGEMENT FROM MIDDLE SCHOOL THROUGH COLLEGE TO STUDENTS FROM	1
	LOW-INCOME COMMUNITIES WHO WILL BE THE FIRST IN THEIR FAMILIES	S TO
	GRADUATE FROM COLLEGE. THE PROGRAM ADMITS STUDENTS AS 6TH GRAI	DERS AND
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 services?	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, as measured by	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	experiese, and
4a	(Code:) (Expenses \$ 2,365,286 • including grants of \$) (Revenue \$	1
ти	EDUCATIONAL PROGRAM SERVICES THAT ARE PROVIDED YEAR-ROUND AND	
	TUITION-FREE THAT INCLUDE SUMMER SESSIONS, AFTER SCHOOL SUPPOR	? Т.
	COMPREHENSIVE CASE MANAGEMENT AND COLLEGE GUIDANCE AND COUNSEL	-
	CONTRACTOR	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,365,286.	,
		Form 990 (2016)

74-2991346 Page **3** BREAKTHROUGH

Form 990 (2016) BREAKTHROUGH 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?	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,			ا ۔۔
	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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Х	
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	
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		Х
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		Х
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		Х
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	Х	
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		X
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		X
b				
	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			_v
	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,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19		_ 22

Form **990** (2016)

BREAKTHROUGH 74-2991346 Page 4

Form 990 (2016) BREAKTHROUGH Part IV Checklist of Required Schedules (continued)

20a DX bit He organization operate one or more hospital facilities #I "Yes," complete Schedule #I 20b X bit H'yes** to perform the 20x, did the organization action to copy of its audied frameal statements to this return? 20c Unit to Organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic government on Part IX, column (A), ine 27 if "Yes," complete Schedule L Part I and #I 21				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government or Part IX, column (A), line *21 if *17 is**, complete Schedule I, Parts I and III 2 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 *27 if *19s*, complete Schedule I, Parts I and III 2 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line *27 if *19s*, complete Schedule I, Parts I and III 2 24 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 *17 if *9s*, *nawer lines 24 through 24 and complete Schedule K. If *No*, go to line 25a	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
admissible government on Part IX, column (A), line 17 If "Fes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 Did the organization report more than \$5.000 of grants or other assistancts to rifer domestic individuals on Part IX, column (A), line 2? If "Pes," complete Schedule I, Parts I and III 2 25 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", 90 to line 25a 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 you proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Section 50 f(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? 25a Section 50 f(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person and you five organization prior person 90 or 990-627 if "Yes," complete Schedule I., Part I 25b Ib the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part IV instructions for applicable filines of a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions; 27	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Dd the organization source "Yes' to Part IV, 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 I, Part IV less through 24d and complete Schedule I, I' I' No', go to line 25s and 34s are seen as a state day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I' No', go to line 25s and 34s are seen as a state of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 I. If "No", go to line 25a	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 240 and complete Schedule K. If "No", go to line 253 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 24b through 24d and complete Schedule K. If "No", but him 25a 24b					
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 prior Forms 990 or 990-E2? If "yes," complete Schedule L, Part II 25b X 27b 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, trustees, key employees, highest compensated employees, or disqualified persons? If "yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer a grant or other assistance to an officer, director, trustee, we will only a parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV instructions or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV instructions? If "yes," complete Schedule I, Part IV instructions? If "yes," compl			23		X
Schedule K. If *Ivo**, go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization minest any an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an *ion 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 *Ivos*, *complete Schedule L, Part I transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If *Ivos*, *complete Schedule L, Part I transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If *Ivos*, *complete Schedule L, Part I transaction 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 *Ivos*, *complete Schedule L, Part II transaction provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant aselection committee member, or to a 55% controlled entity or family member of aurory to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If *Ivos*, *complete Schedule L, Part IV 28b X 27b Did the organization receive more than \$25,000 in non-cash contributions? If *Ivos*, *complete Schedule L, Part IV 28c X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If *Ivos*, *complete Schedule L, Part IV 28c X 30 Did the organization involve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Ivos*	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) prognizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E72 If 'Yes,' complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former efficers, director, trustee, or experiments, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, dir		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Joint so graphization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Joint so graphization and the survey of the organization with a disqualified person in a prior year, and that the transaction has not been reparable to some part on the reparable of the organization prover, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reparable to some page in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and that is treated as a partnershy of the organization with a disqualified person in a prior year, and that is treated as a partnershy according to year of the organization on the page and to refer the organization and that is treated or any tax-exemp			24a		X
any tax exempt bonds? do thich organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 501(c)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport on any of the organization and that the transaction has not been reported on any of the organization and that the transaction has not been reported on any of the organization and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, or key employee, or disqualified persons? If "Yes," complete Schedule L, Part III 27	С				
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		any tax-exempt bonds?	24c		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 35b 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 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 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 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 X		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
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	38		1		
		Note. All Form 990 filers are required to complete Schedule O			

Form **990** (2016)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Section The number reported in Box S of Form 1086. Enter 0- If not applicable 1a 4		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter o'. If not applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o'. If not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
gamblingly winnings to prize winners? a Effect the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b I fall teast one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If I'ves, "as us un of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If I'ves, "and it filed a Form 990 Thr for this year I' h"0, * for line 6a, provide an explanation in Schedule 0 b I'ves, "and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If ves, "enter the name of the foreign country Sea instructions for filing requirements for Fincis Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If ves, "in the sax or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? . So E 1 I'ves, "in the sax or 5b, did the organization have an insulation and year year of tax shelter transaction at any contributions that were not tax deductibles a sharfable contributions? 6c I vesse the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a sharfable contributions? 6c I vesse in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a sharfable contributions? 6c I vesse in the organization receive a payment in excess of \$% made party as a contribution of any party for which it was required to file Form 888617 6c I vesse in the org			1b	0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturant. 2a 191 2	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
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b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 b if Yes, *has it filed a Form 990-T for this year? If *No, *to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A Early time the manned the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the lax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the lax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the lax year? 5c Was the organization on a profit to a prohibited that the was or is a party to a prohibited tax shelter transaction? 5c Was the organization shelt were not tax deductible as charitable contributions? 6c Was if Yes, * fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Will the organization receive a payment in excess of 35 made party is a contribution and party for goods and services provided to the payor? 7d Was were not tax deductible? 9c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Was promium organization receive any funds,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 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 13b c Enter the amount of reserves on hand 13c 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			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a		10413)	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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 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	а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 17 Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 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	b	· · · · · · · · · · · · · · · · · · ·					
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			-				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							v
							Λ
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eυ			990	(2016)

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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 in 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
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 direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
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	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ıcial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DONNIE SPIER - 512-692-9444			
	1050 EAST 11TH STREET, NO. 350, AUSTIN, TX 78702			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL GRIFFITH	60.00	х		Х				108,850.	0.	8,588.
EXECUTIVE DIRECTOR (2) BRIAN ROBERTS	2.00	^		_				100,030.	0.	0,300.
(2) BRIAN ROBERTS SECRETARY	2.00	Х		х				0.	0.	0.
(3) EVA MUNOZ	2.00	^		Δ				0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(4) HECTOR RUIZ	2.00	^						0.	0.	•
DIRECTOR	2.00	Х						0.	0.	0.
(5) CAROLYN LONG	2.00							0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(6) LYNNE RUPP	2.00								•	
DIRECTOR		x						0.	0.	0.
(7) JOHN HARCOURT	2.00									-
DIRECTOR		х						0.	0.	0.
(8) EVA GARZA-NYER	2.00									
DIRECTOR		Х						0.	0.	0.
(9) DANIELLE MCNEELY	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) WALTER PENN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) NEIL WEBBER	2.00									
CHAIR		Х		Х				0.	0.	0.
(12) DIANA LOWE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) HANNAH TEMPLE	2.00									
DIRECTOR		Х						0.	0.	0.
(14) DENISE VILLA	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(15) DR. GREGORY VINCENT	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) VINCE REYNA	2.00								_	_
DIRECTOR		Х					_	0.	0.	0.
(17) JAVIER VALDEZ	2.00	,,							_	_
DIRECTOR 632007 11-11-16		X						0.	0.	0 . Form 990 (2016)

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Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average		not c	check	more	than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		1 '	compensation	1		nount	of
	(list any	ro					Ė	_ from the	from related organizations	.		other pensa	ation
	hours for	direc				D.		organization	(W-2/1099-MIS			om th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,		org	anizat	ion
	organizations	ll trus	nal tri		oyee	dwo					an	d relat	ed
	below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(40)	· '	<u>n</u>	lus	₽	Ke	en Hig	휸				<u> </u>		
(18) TED WHATLEY	2.00	x						0.		0.			Λ
DIRECTOR	2.00	^	<u> </u>	-	<u> </u>	-		0.		٠.			0.
(19) KEVIN ILCISIN	2.00	X						0.		0.			0.
DIRECTOR (20) BEN EYNON	2.00	<u> </u>	\vdash		\vdash			0.					<u> </u>
DIRECTOR	2.00	X						0.		0.			0.
(21) RICK MORALES	2.00	12	\vdash		\vdash								<u> </u>
DIRECTOR	2.00	X						0.		0.			0.
DIRECTOR		122								~ 			•
		1											
					\vdash	\vdash				\dashv			
		ł											
										\dashv			
		1											
										\dashv			
		1											
										-			
		i											
1b Sub-total	l		1	<u> </u>	<u> </u>			108,850.		0.		8,5	88.
c Total from continuation sheets to Part V								0.		0.		- , -	0.
d Total (add lines 1b and 1c)								108,850.		0.		8,5	
Total number of individuals (including but n								<u> </u>	0.000 of reportable				
compensation from the organization						·,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15			-								4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion	from	any	y uni	relat	ted organization or indiv	idual for services	····			
rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A)								(B)		_	(0	;)	
Name and business	address	N	INC	E				Description of s	services	C	ompe	nsatio	n
							_						
							-						
							\dashv						
2 Total number of independent contractions (noludina but	VO# 11	mi+-	d +-	+h -	00 !	0+0	d abaya) wha received	nore than				
2 Total number of independent contractors (i		iOL II	mite	u (O		se II: 0	οι υ (a above) who received n	IOIE IIIAII				
\$100,000 of compensation from the organi	ZaliUi P										Eor-	990 (2016)
											rorm	33U (∠U 16)

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Form 990 (2016)

BREAKTHROUGH of Revenue

Pa	rt VI			- in their Deat VIII			
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c f	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 16 5	61,224. 47,351. 76,264. 16,240.	3,384,839.			
			siness Code				
Program Service Revenue	c c f	 					
	3	Investment income (including dividends, interest					
	4 5	other similar amounts) Income from investment of tax-exempt bond pro- Royalties	ceeds	6,185.			6,185.
	k	a Gross rents b Less: rental expenses c Rental income or (loss)	(ii) Personal				
		d Net rental income or (loss) Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	Ć	b Less: cost or other basis and sales expenses c Gain or (loss)	•				
Other Revenue	8 8	a Gross income from fundraising events (not including \$ 461 , 224 . of contributions reported on line 1c). See Part IV, line 18 a	59,235.				
₽			68,416.	0 101			0 101
-				-9,181.			-9,181.
	k	a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns and allowances a					
		J					
		Net income or (loss) from sales of inventory Miscellaneous Revenue	usiness Code				
	11 a						
		<u> </u>					
	ď	d All other revenue					
	•	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions.	>	3,381,843.	0.	0.	-2,996.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,206. 11,744. 23,488. 117,438. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,827,493. 1,493,268. 127,223. 207,002. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 178,527. 117,525. 47,815. 13,187. Other employee benefits 9 128,691. 158,199. 11,293. 18,215. Payroll taxes 10 Fees for services (non-employees): a Management Legal 11,432. 9,046. 1,071. 1,315. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 8,772. 1,038 1,275. 11,085. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 45,279. 42,888. 494. 1,897. Office expenses 13 Information technology 14 15 Royalties 172,261. 145,554. 14,254. 12,453. 16 Occupancy 30,321. 30,321. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 6,000. 4,800. 600. 600. Payments to affiliates 21 17,849. 17,849. Depreciation, depletion, and amortization 22 21,464. 4,980. 16,359. 125. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 87,178. 87,071. 107. MEALS RECRUITMENT, TRAINING & 61,443. 50,877. 325. 10,241. 51,252. STUDENT RECRUITMENT 51,252. 49,564 24,023. 10,666. 14,875. d MISCELLANEOUS 169,350. 7,315. 78,023. 84,012. e All other expenses 3,016,135 2,365,286. 268,046. 382,803. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2016)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,686,006.	1	1,683,231.
	2	Savings and temporary cash investments			1,928,485.	2	2,233,636.
	3	Pledges and grants receivable, net			21,045.	3	26,274.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	lete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,825.	9	11,647.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	152,235.			
	b	Less: accumulated depreciation	10b	61,816.	16,210.	10c	90,419.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	7,769.	15	12,301.		
	16	Total assets. Add lines 1 through 15 (must equ			3,670,340.	16	4,057,508.
	17	Accounts payable and accrued expenses			894.	17	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of	•		
		Schedule D			0.	25	22,354.
	26	Total liabilities. Add lines 17 through 25			894.	26	22,354.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 ar			2 604 446		2 000 654
anc	27	Unrestricted net assets			3,604,446.	27	3,972,654.
Fund Balances	28	Temporarily restricted net assets	65,000.	28	62,500.		
nd	29					29	
		Organizations that do not follow SFAS 117 (A					
ğ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2 (() 44(32	/ A A D E 1 E 4
_	33	Total net assets or fund balances			3,669,446.	33	4,035,154.
	34	Total liabilities and net assets/fund balances			3,670,340.	34	4,057,508.

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Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3	3,38 3,01	1,8 6,1 5,7	35. 08.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	=					
	column (B))	10	1,03	5,1	54.		
Pai	t XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				No		
1 2a	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 in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	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 Were the organization's financial statements audited by an independent accountant?						
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ngle Audit	3a		Х		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2016)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BREAKTHROUGH 74-2991346 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.")						
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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		>
b	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

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.)

Se	ction A. Public Support						
Calc	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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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 five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here				•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

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.)

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

Pa	rt IV 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 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		
с	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		
Sec	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			
	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		
Sec	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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			
	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 yea(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 government entity (see inst	ructions).	
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	0-		
	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. <i>Answer (a) and (b) below.</i>	ZU		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	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 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	ion 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	y integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

- 41	Type in item i anotherium integrateu eee	(a)(3) Supporting Orga	dilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
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:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	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:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_				

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
-	
•	
_	

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

Name of the organization

Employer identification number

BREAKTHROUGH 74-2991346

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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				
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter hourpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \b				
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),				
	Hart IV line 12 at ita Form 000; or abook the boy on line H of ita Form 000 E7 or on ita Form 000 DF Dout L line 0 to				

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)

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 82,880. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (See instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* \$ 26 , 000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution
13		\$ 31,000. Person Payroll Noncash (Complete P noncash cor	X ————————————————————————————————————
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution
14		\$ 20,000. Person Payroll Noncash (Complete P noncash cor	art II for
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution
15		\$ 25,000. Person Payroll Noncash (Complete P noncash cor	X ————————————————————————————————————
(a) No.	(b) Name, address, and ZIP + 4	l l	d) ontribution
16	rume, address, and 2n + 4	Person Payroll Noncash (Complete P	X ————————————————————————————————————
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution
17		\$ 20,000. Person Payroll Noncash (Complete P noncash cor	art II for
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution
18		Person Payroll Noncash (Complete P noncash cor	X ————————————————————————————————————

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
19		\$ 20,000. Person Payroll Noncash (Complete Par noncash contr	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
20		Person Payroll Noncash (Complete Par noncash contr	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
21		Person Payroll Noncash (Complete Par noncash contr	X — — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
22	Nume, address, and Zir ++	Person Payroll Noncash (Complete Par noncash contr	X — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
23		\$ 11,000. Person Payroll Noncash (Complete Par noncash contr	X — — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
24		Person Payroll Noncash (Complete Par noncash contr	X — t II for

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) (d) Total contributions Type of contribution		
25		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
26		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
27		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
28		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
29		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
30		Person X Payroll Noncash (Complete Part II for		

Part I	rt 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
31		\$\$	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
32		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Hame, address, and 2n T T	\$\$,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
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36			Person X Payroll

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) (d) Total contributions Type of cont	ribution
37		\$ 8,000. Person Payroll Noncash (Complete Part noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution
38		\$ 10,000. Person Payroll Noncash (Complete Part noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution
39		\$ 8,507. Person Payroll Noncash (Complete Part noncash contrib	X Il for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution
40	Name, address, and Zir TT	\$ 5,500. Person Payroll Noncash (Complete Part noncash contrib	X Il for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution
41		\$ 10,000. Person Payroll Noncash (Complete Part noncash contrib	X Il for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution
42		Person Payroll Noncash (Complete Part noncash contrib	X Il for

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) (d) Total contributions Type of contribution	
43		\$ 18,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
44		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
45		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
46	Name, audiess, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
47		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
48		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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) (d) Total contributions Type of contribution	
49		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
50		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
51		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
52		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
53		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
54		\$ 124,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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
55			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57			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
58	Name, audiess, and Zir + 4		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
59			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,000 .	Person X Payroll

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
61		\$ 29,500. Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
62		Person Payroll Noncash (Complete Par noncash contri	X — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
63		\$ 15,000. Person Payroll Noncash (Complete Par noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
64	Name, address, and Zir + +	Person Payroll Noncash (Complete Par noncash contri	X — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
65		Person Payroll Noncash (Complete Par noncash contri	X — t II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor	
66		Person Payroll Noncash (Complete Par	X — t II for

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) (d) Total contributions Type of contribution	
67		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
68		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
69		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
70	Name, audiess, and Zir + +	\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
71		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
72		\$ 7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	Name, address, and Zir + +	\$ 20,000.	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
77		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$5,000 .	Person X Payroll

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,000.	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
80		\$36,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Name, address, and ZIP + 4	\$\$10,000.	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
83		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84			Person X Payroll

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$16,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	Name, address, and ZIF + 4	\$10,000.	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
87		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
88	Name, address, and ZIP + 4	\$ 5,000.	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
89		\$\$	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
90		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
91		\$ 42,639. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
92		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
93		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
94	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
95		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
96		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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) (d) Total contributions Type of contribution
97		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
98		\$ 6,084. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
99		\$ 8,100. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
100	Name, address, and ZIF + 4	\$ 5,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
101		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

BREAKTHROUGH

74-2991346

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
98	FOOD		
		\$6,084.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
99	LINERS, BANNERS, TICKETS, ADVERTISING		
		\$8,100.	12/31/17
(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
II			

Name of organization Employer identification number 74-2991346 BREAKTHROUGH Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 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, 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

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BREAKTHROUGH

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

Employer identification number 74-2991346

Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV. line 6.		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
_			
Pai	•		IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
a	Number of conservation easements included in (c) acquired		
3	listed in the National Register		
3	year	eleased, extiliguished, or terminated by the ort	garlization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
_		,	anon cacomomo doming and year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		<i>5</i> ,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	IS TOT FORM 99U.	Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	re a sign	ificant us	e of its co	llection	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange programs	6				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization'	s exemp	t purpose	in Part X	Ш.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other s	similar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Ye	s" on Fo	orm 990, F	Part IV, lin	e 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other asset	s not ind	cluded			
	on Form 990, Part X?						Ш ,	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Д	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account	t liability	?	Ш ,	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	rm 990, Part IV	line 10.				
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three yea		e) Four y	ears back
1a	Beginning of year balance	3,800.	3,200.	2,6	500.	1	,500.		10,000.
b	Contributions								4,207.
С	Net investment earnings, gains, and losses	600.	600.	6	00.	1	,100.	-	-12,707.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	4,400.	3,800.	3,2	200.	2	,600.		1,500.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment	<u></u> %							
С	Temporarily restricted endowment ▶ 10	<u>0.00</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the	organizat	ion	_	
	by:								res No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or ot	1 ' '	I		ımulated	(0	i) Book	value
		basis (investm	nent) basis ((other)	depre	ciation			
	Land								
	Buildings								
	Leasehold improvements				4	2	\longrightarrow		005
	Equipment			9,639.		$\frac{3,552}{2}$,087.
	Other			2,596.	4	8,264	± •		,332.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part .	X. column (B). line 1	0c.)		h	▶	90	,419.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 BREAKTHROUGH	74-2991346 Page
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Pa	t IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security) (b) Book va	
(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, Pa	t IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment (b) Book va	
(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, Pa	t 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, Pa	t 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) DEFERRED RENT	22,354.
(3)	
(4)	
(5)	

22,354. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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 X

Schedule D (Form 990) 2016

(6) (7) (8)

Sche	dule D (Form 990) 2016 BREAKTHROUGH			74-	2991346 _{Page} 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	nents W	ith Revenue per R		
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,670,008
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		219,749.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		68,416.	-	
е	Add lines 2a through 2d			2e	288,165
3	Subtract line 2e from line 1			3	3,381,843
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.)			-	
С	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,381,843
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	3,304,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	· ,
– a	Donated services and use of facilities	2a	219,749.		
b	Prior year adjustments			-	
c	Other losses			-	
d	Other (Describe in Part XIII.)		68,416.	-	
e	Add lines 2a through 2d		•	2e	288,165
3	Subtract line 2e from line 1			3	3,016,135
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.)			-	
				4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,016,135
	rt XIII Supplemental Information.			<u> </u>	3,010,133
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	nt IV lines	1h and 2h: Dart V line	1: Dort	V line 2: Dort VI
				4, Pari	A, IIIle Z, Part AI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	aditional in	tormation.		
DΔI	RT V, LINE 4:				
1 711	(I V, DIND 4:				
тит	E ENDOWMENT WAS SET UP TO PROVIDE FUNDS TO	O SER	אר יישר פייווער	צידומי	THE FIIND
1111	HIDOWININI WAD DIE OF TO TROVIDE FORDD IV	O DLIK	VI IIII DIODI	11110	• 11111 1 01111
Δ Τ.Τ	LOWS 5% OF THE FUND'S VALUE AS OF DECEMBER	י 21 ס	TO BE AWATI.A	BT.F	תט פע ווכבט
ТПТ	TOWD 30 OF THE FOND D VALUE AD OF DECEMBER	I JI	IO DE AVAIDA	יייייי	TO DE OBED
тм	THE FOLLOWING CALENDAR YEAR.				
T1/	THE FOULOWING CAUENDAR TEAR.				
ם אד	OM Y LINE 2.				
FAI	RT X, LINE 2:				
זסק	EAKTHROUGH HAS ADOPTED FASB ASC 740, ACCO	፣ የተለተጥ ተ እተ	ב בטס וואיניבטיי	ידאד ב	TV TN
ואני	AMILIMOUGH HAD ADOLLED PADD ADC 740, ACCOM	OT4 T T1//	S FOR UNCERT	WIII	T T T T T T T T T T T T T T T T T T T

MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR

STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE,

INCOME TAXES. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL

IF ANY. TAX POSITIONS THAT MEET THE LITIGATION PROCESSES,

Part XIII Supplemental Information (continued)	
MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGE	EST
AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED	O UPON
SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. AS OF DECEMBER 31,	2016
AND 2015, BREAKTHROUGH HAS NOT RECOGNIZED LIABILITIES FOR UNCERTAIN	TAX
POSITIONS OR ASSOCIATED INTEREST AND PENALTIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED IN REVENUE	68,416.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED IN REVENUE	68,416.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

BREAKTHROUGH 74-2991346 Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	ADVERTISEMENT IN LOCAL NEWSPAPER			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
o a				
	· · · · · · · · · · · · · · · · · · ·	5a		Х
	Students' rights or privileges?	5a 5h		X
b	Students' rights or privileges? Admissions policies?	5b		X
b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		Х
b d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		X
b c d e	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		X X X
b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		X X X X
b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		X X X X X
b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	X	X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X

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

Schedule E (Form 990 or 990-EZ) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 34-2991346

Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
S List all states in which the organization or licensing.	on is registered or licensed to solicit		outions	s or has been notified	d it is exempt from re	egistration

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016 BREAKTHROUGH 74-2991346 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CHAMPIONS BEAT THE NONE (add col. (a) through EVENT ODDS col. (c)) (event type) (total number) (event type) 290,565 1 Gross receipts 229,894. 520,459. 246,280 214,944. 461,224. 2 Less: Contributions 14,950. 59,235. 44,285 **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 1,800. 1,800. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 39,156. 9 Other direct expenses 66,616. 68,416. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,181 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G (Form 990 or 990-EZ) 2016 BREAKTHROUGH	/4-2991346 Pag	je 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form		
to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		/ 0
14 Enter the name and address of the person who prepares the organization's gaming/special events books and		
14 Lines the fiame and address of the person who prepares the organization's gaming/special events books and	records.	
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	e amount	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
organization's own exempt activities during the tax year ▶ \$	- I	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 9, 9b, 10b, 15	— b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	, and , are in, in 100 0, 00, 100, 100	Σ,

Schedule G (Form 990 or 990-EZ) BREAKTHROUGH	74-2991346 Page 4
Schedule G (Form 990 or 990-EZ) BREAKTHROUGH Part IV Supplemental Information (continued)	•

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

Employer identification number 74-2991346

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

SUCCEED IN SCHOOL AND BECOME FIRST GENERATION COLLEGE GRADUATES.

PROGRAMS INCLUDE SUMMER, SATURDAY AND AFTER-SCHOOL

BREAKTHROUGH

PROGRAMS; CASE MANAGEMENT AND STUDENT SUPPORT; PARENT EDUCATION AND

CONFERENCES; COLLEGE PREPARATION AND GUIDANCE; AND COLLEGE PERSISTENCE

SUPPORT.

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

MAKES A LONGTERM COMMITMENT TO HELPING THEM GRADUATE FROM HIGH SCHOOL

AND COLLEGE.

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

THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND REVIEWED AND APPROVED BY

THE FINANCE COMMITTEE PRIOR TO FILING.

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

ANY POSSIBLE CONFLICT BETWEEN THE INTERESTS OF THE CORPORATION AND THE

PERSONAL OR BUSINESS INTERESTS OF A DIRECTOR, AN OFFICER, OR MEMBER OF

THEIR FAMILIES, SHALL BE DISCLOSED TO THE DIRECTORS AND MADE A RECORD

THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST BECOMES A MATTER OF

BOARD ACTION. ANY DIRECTOR HAVING A DUALITY OF INTEREST OR A POSSIBLE

CONFLICT OF INTEREST ON ANY MATTER SHALL NOT VOTE OR USE PERSONAL INFLUENCE

ON THE MATTER.

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

THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S SALARY BASED ON

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

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

632211 08-25-16

BREAKTHROUGH	74-2991346	
A COMPENSATION STUDY DONE IN 2016; THE EXECUTIVE DIRECTOR	DETERMINES A	ALL
OTHER SALARIES.		
FORM 990, PART VI, SECTION C, LINE 19:		
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART XII, LINE 2C:		
THE OVERSIGHT POLICIES AND SELECTION OF AN INDEPENDENT AC	COUNTANT BY	
THE AUDIT COMMITTEE HAS NOT CHANGED SINCE THE PRIOR YEAR.		
FORM 990, PART VI, SECTION B, LINE 15:		
THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD	OF DIRECTORS	•
NO OTHER MEMBER OF THE BOARD IS PAID.		

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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.

				Enter file	er's identifying	number	
Type or	Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) or		
print							
File by the	BREAKTHROUGH				74-2991346 Social security number (SSN)		
due date filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1050 EAST 11TH STREET. NO.						
instruction		oreign add	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Applica	ition	Return	Application			Return	
ls For		Code	Is For				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)		07		
Form 99	90-BL	02	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)				
Form 99	90-PF	04	Form 5227				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above) 06 Form 8870			Form 8870	12			
Telep If the If this box fo	books are in the care of phone No. 512-692-9444 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit 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 organization that is calendar year 2016 or tax year beginning	s in the Ur Group Exe and atta NOVEI organizati	Fax No. inted States, check this box	f this is fo	r the whole gro	on is for.	
2 If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period		ĭ 	Final retur	<u> </u>		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any				
n	onrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	y refundable credits and				
es	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c B	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,				
b	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution	n: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-F	O for paymen	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.