# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

<u> A F</u>	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ending J	<u>UN 30, 202</u>	4				
<b>B</b> c	heck if oplicable	C Name of organization		D Employer ident	ification number				
X	Addres	Breaking Free, Inc.							
	Name change	Doing business as		41-1856	806				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  PO Box 4366	Room/suite	E Telephone number 651-645-6557					
	√return termin ated			G Gross receipts \$	2,649,946.				
	Amend	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group					
$\vdash$	_return _Applic _tion				es? Yes X No				
_	pendin	same as C above							
same as C above  I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527  H(b) Are all subordinates included? Yes If "No," attach a list. See instructions									
	Vebsit		01 021	H(c) Group exemp					
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: MN				
	rt I	Summary	<b>∟</b> TCai	or formation. 1990	WI State of legal dofficite, 1214				
		Briefly describe the organization's mission or most significant activities: ${ t To}$ ex	nd all	forms of	prostitution				
Governance		and sex-trafficking.							
rne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net					
ŏ.					3 8				
		Number of independent voting members of the governing body (Part VI, line 1b)			4 8				
es {	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 23				
ζĖ		Total number of volunteers (estimate if necessary)			6 41				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			<u>0.</u>				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		o d'				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,713,246					
enc		Program service revenue (Part VIII, line 2g)		16,701					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54	<del></del>				
т.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,770					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,773,771						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		183,590					
		Benefits paid to or for members (Part IX, column (A), line 4)	0						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		804,832					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.				
ğ		Total fundraising expenses (Part IX, column (D), line 25)110 , 47		202 105	T22 426				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		823,125					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,811,547					
		Revenue less expenses. Subtract line 18 from line 12		-37,776					
t Assets or d Balances			Ве	ginning of Current Yea					
sset	20	Total assets (Part X, line 16)		1,543,194					
et Ag		Total liabilities (Part X, line 26)		1,203,870					
Net		Net assets or fund balances. Subtract line 21 from line 20		339,324	. 704,215.				
	rt II	Signature Block							
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.					
		Signature of officer		l Date					
Sigr				Date					
Her	е	Lori Quist, Executive Director Type or print name and title							
				Date Check	PTIN				
Da!~		Preparer's signature  Steven D. Anseth, CPA  Steven D. Anseth		1/05/24 of self-em					
Paid			1, CP		ployed P00552219 41-1397419				
Prep			Firm's EIN	#1-132/412					
Use Only   Firm's address   5201 Eden Ave, Ste 250   Edina, MN 55436   Phone no. 952.835.90									
NA	+60 15	•		Priorie no. 9					
iviay	ine it	RS discuss this return with the preparer shown above? See instructions			X Yes No				

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Empowering survivors of sex trafficking and prostitution to build new
	lives through safe housing, direct services, healing programs,
	survivor advocacy, worldwide policy change, and hope.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 873,807. including grants of \$ 180,025.) (Revenue \$ 25,268.)
	Housing: This year, Breaking Free has taken significant steps to enhance the safety and dignity of our housing programs for survivors.
	We successfully relocated our Permanent Supportive Housing (PSH)
	program, Village Place, to a safer and more dignified environment,
	providing a fresh start for our residents. Village Place now comprises
	17 two-bedroom units for families and 13 one-bedroom units for single
	adults. Additionally, we expanded our housing services into the
	Suburban Metro Area Counties (SMAC) region, partnering with local
	organizations to offer scattered-site subsidized housing for an
	additional 15 single adults, focusing on Washington and Anoka counties.
	Throughout the year, we provided stable housing for 40 households,
	including 45 adults and 46 children, with an average tenancy of 2 years
4b	(Code:) (Expenses \$329,487. including grants of \$54,843. ) (Revenue \$)
	Advocacy: Breaking Free continued to be a strong voice for survivors,
	driving systemic change and ensuring that their needs are met through
	our advocacy efforts. A key accomplishment this year was the shift to
	mobile advocacy, allowing our advocates to meet survivors where they
	are and provide tailored support. This mobile approach has enabled us
	to reach more individuals in need, particularly those who may face barriers to accessing traditional services. Our advocacy work also
	included influencing local policy changes that enhanced legal
	protections for survivors and improved access to essential services.
	After intake, each client is assigned an advocate who helps them
	develop a personalized goal plan and connect with the necessary
	resources. Our clients often face complex challenges, including
4c	
	(Code:) (Expenses \$210,786. including grants of \$2,181. ) (Revenue \$10,200. )  Outreach: Our outreach efforts have expanded significantly with the
	purchase of a new mobile outreach vehicle, allowing us to extend our
	reach to more individuals at risk of exploitation. This mobile unit has
	been instrumental in building relationships with vulnerable
	populations, providing them with immediate access to resources,
	stabilization services, and connections to housing. We continue to
	participate in anti-trafficking street outreach initiatives across
	Ramsey County and the City of Minneapolis, partnering with community
	organizations and law enforcement. Through these efforts, we have
	engaged with numerous unsheltered individuals, offering them the support they need to escape exploitation and start their journey to
	recovery.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,414,080.

# Form 990 (2023) Breaking Free, Inc. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	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,	<b>└</b>		<del></del>
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<del></del> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023)	Breaking Free, Inc.	41-1856806	Page 4
Part IV Chec	cklist of Required Schedules (continued)		

	(sortimus)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c	37	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	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			77
	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		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ <b>\</b>	
Dor	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	2023

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 23 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **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 on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

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If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 **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 on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Lori Quist - 651-645-6557 PO Box 4366, Saint Paul, 55104

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)	nper		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne.	Reportable	Reportable	Estimated
	hours per	box, unless person is both an				s bot	n an	compensation	compensation	amount of
	week	officer and a director/trustee				r/trus	tee)	from	from related	other
	(list any hours for	irecto						the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the
	related	e or d	tee			sated				organization
	organizations	ruste	l trus		yee	mpen			1000 NEO)	and related
	below	Individual trustee or director	Institutional trustee	ia .	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			-
(1) Lori Quist	40.00									
Executive Director				Х				122,708.	0.	8,449.
(2) Samantha Jacobson	40.00									
CFO				Х				78,843.	0.	29,677.
(3) Kevin Dotson	1.00									
Secretary		Х		Х				0.	0.	0.
(4) Carla Reiling	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Amelia Beard	1.00							_	_	_
Chair		Х		Х				0.	0.	0.
(6) Joel Cessna	1.00	1						_		
Vice Chair		Х		Х				0.	0.	0.
(7) Ann Haines Holy Eagle	1.00									
Member		Х						0.	0.	0.
(8) Nicole Eagle	1.00	ļ								
Member	1 00	Х						0.	0.	0.
(9) Grace Child	1.00								•	•
Member	1 00	Х						0.	0.	0.
(10) Sam Turner	1.00	3,7							0	0
Member		Х	_					0.	0.	0.
		-								
		1								
		1								
		1								
			$\vdash$		$\vdash$					
		1								
		1								
		4	I	1	l	I .	1	I	I	

Form 990 (2023)

Breaking Free, Inc.

Name and title	(B) (C) Average Position							(D)	(E)	(F	
	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation	Estim amou	
	week		cer an					from	from related	oth	
	(list any	ctor						the	organizations	comper	
	hours for	or dire	a			ted		organization	(W-2/1099-MISC/	from	
	related	stee	ruste			pensa		(W-2/1099-MISC/	1099-NEC)	organi	
	organizations below	ıal tru	onal t		ployee	com		1099-NEC)		and re	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiz	ations
	,	=	드	0	Ke	ᄑᇴ	Œ				
		-									
								201,551.	0	20	106
1b Subtotal  c Total from continuation sheets to Part VI	I Section A							201,551.	0.		126 0
d Total (add lines 1b and 1c)								201,551.	0.		126
2 Total number of individuals (including but r									000 of reportable	<u>, , , , , , , , , , , , , , , , , , , </u>	
compensation from the organization						,			·		
										Ye	s No
Did the organization list any <b>former</b> officer											
Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s	uch individual									3	
Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for some For any individual listed on line 1a, is the su	<i>uch individual</i> um of reportabl	 e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization	3	X
Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	euch individual um of reportabl 0,000? If "Yes,	 e co " <i>co</i>	mpe mple	ensa	tion Sche	and and	oth	er compensation from the	ne organization		X
Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> so For any individual listed on line 1a, is the su and related organizations greater than \$150. Did any person listed on line 1a receive or a	euch individual um of reportabl 0,000? If "Yes, accrue comper	e co " <i>co</i> sati	mpe mple on fr	ensate ete S	tion Sche any	and and dule unre	oth  J fo	er compensation from the compensation from the compensation from the compensation or individual compensation individual compensat	ne organization	3	X
Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for some For any individual listed on line 1a, is the sum and related organizations greater than \$150. Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," consection B. Independent Contractors	euch individual um of reportabl 0,000? If "Yes, accrue comper nplete Schedul	e co " <i>co</i> nsati	ompe mple on fr	ensatete Som a	tion Sche any perso	and edule unre	oth J fo	er compensation from the compensation from the compensation or individual education	ne organization lual for services	3 4 5	X
B Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for standard in the second	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedul	e co " co nsati e J fe	ompe mple on fr or su	ensate Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation from the compensation or individual ed organization or individual entreceived more than \$	ne organization lual for services 100,000 of compens	3 4 5	X X
B Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$156 Did any person listed on line 1a receive or rendered to the organization? If "Yes," consection B. Independent Contractors  1 Complete this table for your five highest contractors.	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedul	e co " co nsati e J fe	ompe mple on fr or su	ensate Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation from the compensation or individual and organization or individual at received more than the organization's tax years.	ne organization lual for services 100,000 of compens	3 4 5	X
B Did the organization list any former officer line 1a? If "Yes," complete Schedule J for start For any individual listed on line 1a, is the start and related organizations greater than \$150. Did any person listed on line 1a receive or a rendered to the organization? If "Yes," consection B. Independent Contractors  1 Complete this table for your five highest consection.	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedula mpensated inc the calendar ye	e co " co nsati e J fe	ompe mple on fr or su	ensatete Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation from the compensation or individual ed organization or individual entreceived more than \$	lual for services 100,000 of compensear.	3 4 5	X
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Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for s. For any individual listed on line 1a, is the stand related organizations greater than \$156. Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," conection B. Independent Contractors  Complete this table for your five highest contractors. (A)	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedula mpensated inc the calendar ye	e co " co nsati e J fe	ompe mple on fr or su nder	ensatete Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation or individual ed organization or individual at received more than \$ the organization's tax years.	lual for services 100,000 of compensear.	3 4 5 ation from	X
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the st and related organizations greater than \$156 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," consection B. Independent Contractors  1 Complete this table for your five highest contractors the organization. Report compensation for (A)	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedula mpensated inc the calendar ye	e co " co nsati e J fe	ompe mple on fr or su nder	ensatete Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation or individual ed organization or individual at received more than \$ the organization's tax years.	lual for services 100,000 of compensear.	3 4 5 ation from	X
B Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$156 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," consection B. Independent Contractors  1 Complete this table for your five highest contractors the organization. Report compensation for (A)	uch individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedula mpensated inc the calendar ye	e co " co nsati e J fe	ompe mple on fr or su nder	ensatete Som a	tion Sche any perso	and edule unre on	oth J fo	er compensation from the compensation or individual ed organization or individual at received more than \$ the organization's tax years.	lual for services 100,000 of compensear.	3 4 5 ation from	X
B Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the stand related organizations greater than \$156 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contection B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for	such individual um of reportabl 0,000? If "Yes, accrue comper aplete Schedula umpensated ince the calendar year address	e co " co nsatire y for depe	mple mple on fr or su nder endin	ensate Stom a control of the control	tion Sche any poerso	and and edule unrecon	oth J for	er compensation from the compensation or individual and organization or individual at received more than the organization's tax you (B)  Description of s	lual for services  100,000 of compensear.  ervices	3 4 5 ation from	X

14011105 759492 40685

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d 1,159,710. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 595,129. similar amounts not included above ... 1f 27,784 g Noncash contributions included in lines 1a-1f 1,754,839. h Total. Add lines 1a-1f **Business Code** 25,268. 624200 25,268. 2 a Housing Rental Income Program Service Revenue ь Men's Breaking Free 624200 10,200. 10,200. f All other program service revenue ..... 35,468. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 265. 265. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 853,368. assets other than inventory b Less: cost or other basis 505,050. Other Revenue and sales expenses 348,318. c Gain or (loss) \_\_\_\_\_\_7c 348,318. 348,318. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Insurance Claim 900099 6,006. 6,006. d All other revenue 6,006. e Total. Add lines 11a-11d 354,589. 2,144,896. 35,468. **12 Total revenue**. See instructions

# Form 990 (2023) Breaking Free, Inc. Part IX | Statement of Functional Expenses

Secti	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 respon			(O)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic	005 040	005 040								
	individuals. See Part IV, line 22	237,049.	237,049.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	260 660	105 472	61 700	21 207						
	trustees, and key employees	268,668.	185,473.	61,798.	21,397.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	464,364.	220 422	02 251	/1 F01						
7	Other salaries and wages	404,304.	339,422.	83,351.	41,591.						
8	Pension plan accruals and contributions (include										
•	section 401(k) and 403(b) employer contributions)	30,593.	12,099.	18,263.	231.						
9	Other employee benefits	85,368.	58,468.	21,322.	5,578.						
10 11	Payroll taxes Fees for services (nonemployees):	03,300.	50,400.	<u>41,344.</u>	3,310.						
	·										
	Management	1,274.		1,274.							
b	Legal	24,583.		24,583.							
	Accounting	24,505.		24,303.							
	Lobbying Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g g	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A), amount, list line 11g expenses on Sch 0.)	75,031.	40,450.	20,976.	13,605.						
12	Advertising and promotion										
13	Office expenses	13,795.	6,338.	145.	7,312.						
14	Information technology	51,169.	28,073.	13,049.	10,047.						
15	Royalties										
16	Occupancy	429,192.	414,425.	14,767.							
17	Travel	7,952.	3,977.	3,975.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2 1 2 2		2 122							
20	Interest	8,199.		8,199.							
21	Payments to affiliates	07 702	01 202	4 700	1 ((7						
22	Depreciation, depletion, and amortization	27,783.	21,393.	4,723.	1,667.						
23	Insurance	61,089.	43,760.	10,971.	6,358.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
а	amount, list line 24e expenses on Schedule 0.)  Miscellaneous Expense	25,776.	18,739.	5,157.	1,880.						
a b	Membership dues and sub	3,383.	928.	1,751.	704.						
_	Equipment Rental and Ma	3,371.	3,371.	1,751.	701.						
c d	Employee Training	839.	115.	615.	109.						
u e	All other expenses	037•	1100	010.	<u> </u>						
25	Total functional expenses. Add lines 1 through 24e	1,819,478.	1,414,080.	294,919.	110,479.						
26	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)										
					Earm 990 (2022)						

# Form 990 (2023) Part X Balance Sheet

Part X	^	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing	131,453.	1	623,447		
2		Savings and temporary cash investments			33,132.	2	33,301
3		Pledges and grants receivable, net	76,578.	3	125,941		
4		Accounts receivable, net	3,820.	4	13,200		
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
6	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹   9		5		·····	5,099.	9	44,597
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	97,274.	536,997.	10c	30,345
11		Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, lin			12		
13	3	Investments - program-related. See Part IV, lin		13			
14		Intangible assets			14		
15	5	Other assets. See Part IV, line 11	756,115.	15	380,272		
16		Total assets. Add lines 1 through 15 (must e	1,543,194.	16	1,251,103		
17		Accounts payable and accrued expenses	107,022.	17	81,835		
18		Grants payable		18			
19		Deferred revenue			39,473.	19	
20		Tax-exempt bond liabilities		l l		20	
21		Escrow or custodial account liability. Complet				21	
မ္မ 22		Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u>a</u>		controlled entity or family member of any of the			220 450	22	
23		Secured mortgages and notes payable to unr			230,458.	23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24	). Complete Part X	026 017		46E 0E2
	_	of Schedule D			826,917.	25	465,053
26	6	Total liabilities. Add lines 17 through 25			1,203,870.	26	546,888
ړي		Organizations that follow FASB ASC 958, c	neck ner	e X			
ဦ   ္ဌ		and complete lines 27, 28, 32, and 33.			339,324.	07	680,575
<u>  a   27</u>					333,324.	27	23,640
<u>ගි</u>   28		Net assets with donor restrictions				28	23,040
들		Organizations that do not follow FASB ASC	958, cn	eck nere			
声   ~		and complete lines 29 through 33.	d.			00	
29		Capital stock or trust principal, or current fund			29		
98   30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 25 28 29 31 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated			339,324.	31	704,215
_		Total liabilities and not assets (fund balances			1,543,194.	32	1,251,103
33	3	Total liabilities and net assets/fund balances			1,545,194.	33	Form <b>990</b> (202

LOIII	1990 (2023) Breaking Free, The	<u> </u>	1030000	Pag	je • <b>–</b>
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,144		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,819		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4 <u>2</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	339	<del>, 3</del> 2	<u>24.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	39	, 4'	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	704	1,2	<u> 15.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C	).		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			Form	99U (	2023)

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

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

Employer identification number

41-1856806

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Breaking Free, Inc.

Pa	rti	Reason for Public C	Juanty Status.	(All organizations must c	omplete tr	nis part.) S	ee instructions.	
he	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C			·	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					oublic described in
		section 170(b)(1)(A)(vi). (C		a. part or no capport	o a gov		ann an mann ana gamaran	
8		A community trust describe		(1)(A)(vi). (Complete Part	: II )			
9	Ħ	An agricultural research org				ed in coni	inction with a land-grant	college
Ū	ш	or university or a non-land-g						
		university:	grant conege or agric	untare (see mistractions).	Litter tire i	name, only	, and state of the college	, 01
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receipts from
	ш	activities related to its exen						
		income and unrelated busin	•	•				
		See section 509(a)(2). (Co		(less section of rax) no	iii busiiles	sses acqui	red by the organization a	arter Jurie 30, 1973.
11		An organization organized a	•	valu to toot for public oot	iotu Soo	oostion E(	00(a)(4)	
12	H	•	•		•			nurnasas of one or
12	ш	An organization organized a						
		more publicly supported or						Sheck the box on
_		lines 12a through 12d that						
а			•	•	•	-		
		the supported organization			majority c	or the direc	ctors or trustees of the st	apporting
		organization. You must o						
b			<u>=</u>					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus						
С								ed with,
_		its supported organization						
d			=				· · · · · · · · · · · · · · · · · · ·	
		that is not functionally int		• ,	•		•	veness
		requirement (see instructi	•	•	•			
е		☐ Check this box if the orga					Type I, Type II, Type III	
	_	functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported o	•					
g		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	'	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
ota	ıl						I	I

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# 

(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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1359716.	1897692.	1893358.	1713246.	1754839.	8618851.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1359716.	1897692.	1893358.	1713246.	1754839.	8618851.
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)						36,231.
6	Public support. Subtract line 5 from line 4.						8582620.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1359716.	1897692.	1893358.	1713246.	1754839.	8618851.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	84,161.	85,669.	63,085.	41,247.	25,533.	299,695.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,292.	1,448.	33,621.	2,557.	6,006.	44,924.
11	<b>Total support.</b> Add lines 7 through 10						8963470.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	157,464.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	95.75 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	93.35 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

# Schedule A (Form 990) 2023 Breaking Free, Inc. | 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	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(17)	(5)=5=1	(-7	(5) = 5 = 5	χ, του
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(a) ESEE	(6) 2020	(i) rotar
	Gross 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  Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	· —
_	check this box and stop here	- 0					
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13 column (f)		17	%
						18	
	Investment income percentage from 1						
198	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 10h check th	nis how and see in	etructions	

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Schedule A (Form 990) 2023

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	L	1		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c	L	3a		
3c				
3c				
4a	L	3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c   5a   5b   5c   6   7   8   9a   9b   9c   10a   10b	L	4a		
4c   5a   5b   5c   6   7   8   9a   9b   9c   10a   10b				
4c   5a   5b   5c   6   7   8   9a   9b   9c   10a   10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Н	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b	Н	4c		
5b				
5c 6 7 8 9a 9b 9c 10a 10b	Н	5a		
5c 6 7 8 9a 9b 9c 10a 10b		<b></b>		
6 7 8 9a 9b 9c 10a 10b	ŀ			
7 8 9a 9b 9c 10a	H	<b>3</b> C		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b	Т	7		
9a 9b 9c 10a				
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9c 10a 10b		9a		
9c 10a 10b				
10a	L	9b		
10a				
10b	L	9c		
10b				
10b				
		10a		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
S001	super	rvised, or controlled the supporting organization.	2		
Seci	lion	C. Type II Supporting Organizations		1	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
-		DITAL Type in Supporting Significations		Yes	No
4	Did +k	he organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	tion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
_		hese activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	<b>~</b> 1		
^		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> The organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	יוע נו	no organization exercise a substantial degree of uncertion 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.

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

# Schedule B

### Schedule of Contributors

OMB No. 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

**Employer identification number** 

Breaking Free, 41-1856806 Inc. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

41-1856806

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

Page 3

Name of organization Employer identification number

## Breaking Free, Inc.

41-1856806

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
323453 12-26.		<u> </u>	Schedule B (Form 990) (2023)

Page 4

Name of organization **Employer identification number** 41-1856806 Breaking Free, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Breaking Free, Inc.

**Employer identification number** 41-1856806

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts
_	Total growth as at an dieform	(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  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 v	L	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	-		
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqu	•	
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	i Aut Historical Tracquires or Of	thay Cimilay Assats
Par		· ·	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and bodon on the standard
па	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public	· · · · · · ·	
	provide the following amounts relating to these items.	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			_
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

### Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment		110,627.	96,524.	14,103.			
e Other		16,992.	750.	16,242.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (R))							

Schedule D (Form 990) 2023

e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value  e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
(c) Method of valuation: Cost or end-of-year market value
e 11c. See Form 990, Part X, line 13.
(c) Method of Valuation: Cost or end-of-year market Value
44 L O . E
e 11d. See Form 990, Part X, line 15.
(b) Book value
380,272.
200 272
380,272.
adda ay ddf Caa Fayya 000 Dayl V lina 05
e 11e or 11f. See Form 990, Part X, line 25.
(b) Book value
47.106
47,106.
417.047
417,947.
o the organization's financial statements that reports the

332053 09-28-23

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,144,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,144,896.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5 <b>D</b> o:	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XII   Reconciliation of Expenses per Audited Financial	Statementa With Expanse		2,144,896.
Pai			es per neturi	
	Complete if the organization answered "Yes" on Form 990, Part I		Т.Т	1 010 470
1	Total expenses and losses per audited financial statements		1	1,819,478.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses	l l		
d	Other (Describe in Part XIII.)			0
e	Add lines 2a through 2d			0. 1,819,478.
3	Subtract line 2e from line 1		3	1,013,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, lir			1,819,478.
	rt XIII Supplemental Information	ne 18.)	<b>5</b>	1,015,470
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Breakin	g Free, Inc	٠.					41-1856806
Part I General Information on Gran	ts and Assistance						
1 Does the organization maintain reco	rds to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or a	assistance?						No
2 Describe in Part IV the organization's	procedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance recipient that received more the					anization answered "\	Yes" on Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization or government	n <b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3 Enter total number of other organizar  For Paperwork Reduction Act Notice, se	tions listed in the line	1 table	ne line 1 table				Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
					Clothing, food and other			
ient Assistance	203	209,370.	27,679.	Fair Value	in-kind support			
Part IV Supplemental Information. Provide the information re	quired in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.				
art I, Line 2:								
	- 1							
he use of the funds is not monito	red since	the in-ki	ind assista	nce or the				
unds provided per donee are not s	ignifican	t for moni	toring. Ad	ditionally,				
he assistance is often paid direc	tly to a	vendor ins	stead of th	<u>e individual</u>				
equesting assistance.								
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	Breaking Fre	e, Inc	•			41-1	856	806	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	nc	(d) Method of de ncash contribu	termin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		15,309	Fair	Market	Va:	lue	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	17	10,785	Fair	Market	Va:	lue	
20	Drugs and medical supplies	Х	8			Market			
21	Taxidermy			,					
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Gift Cards )	Х	1	225	Fair	Market	Va:	lue	
26	Other ( )								
27	Other ( )								
28	Other (								
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions					
	for which the organization completed Form 82								
	3	,	3					Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throu	ah 28. th	nat it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?		31		Х
	Does the organization hire or use third parties								
			_				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked.				
	describe in Part II.	(5, 10	-, i= P. 5P 51 ()	(2)	,				

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

Schedule M (Form 990) 2023

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Schedule M (Form 990) 2023

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Breaking Free, Inc.

Employer identification number 41-1856806

Form 990, Part III, Line 4a, Program Service Accomplishments:
and 6 months.
Form 990, Part III, Line 4b, Program Service Accomplishments:
poverty, homelessness, chemical dependency, and mental health issues,
requiring comprehensive services to address these barriers. The 14-week
Sisters of Survival (SOS) educational support group continues to be a
cornerstone of our programming, empowering participants to share their
experiences and learn about the dynamics of sex trafficking and other
forms of violence. Graduates of the SOS program are encouraged to join
our Alumni Group, which provides ongoing support and education on
topics such as financial literacy, parenting, and self-esteem.
Throughout our services, we focus on empowering survivors to achieve
their full potential.
Form 990, Part III, Line 4c, Program Service Accomplishments:
Breaking Free's accomplishments this year reflect our ongoing
commitment to empowering survivors of sex trafficking, providing them
with the support, advocacy, and housing they need to rebuild their
lives.
Form 990, Part VI, Section B, line 11b:
The accountant and the board members review the 990 for final approval
before filing.

Form 990, Part VI, Section B, Line 12c:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** 41-1856806 Breaking Free, Inc. The organization monitors potential conflicts of interest through a vetting process of new vendors which require a Director's approval, CFO approval and the Executive Director's approval. The relationships with other organizations is monitored by the CFO and the Executive Director. The Board of Directors are elected by an interview process conducted by the other Board members and the Executive Director. Form 990, Part VI, Section B, Line 15a: The Board reviews and determines the compensation for the executive director position. This determination is based upon comparability data and defined and documented board review process. Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Form 990, Part XII, Line 2c: The process has not changed from the prior year.