Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

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

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

Open to Public

Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if nece	<u> </u>	ror tri	e 2020 calendar year, or tax year beginning 001 1, 2020 and e	ending 0	UN 30, 2021	
Display Disp	В	Check if applicab	C Name of organization		D Employer identific	cation number
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Saint Paul, MN 55104 H(a) is this a group return for subordinates? Yes X No same as C above Tax-exempt status X 501(p(x) 501(p(x) 101		termi			G Gross receipts \$	2,010,916.
Rome and address of principal officer. Teresa Forliti Horself autorities Forliti Hors		Amer	ded Cain+ Daul MN 55104		-	
Same as C above Hoth Approximation No. N	F					
Taxexempt status: X 501(c)(3) 501(c)(3) 4947(a)(1) or 527 H*No," attach a list. See instructions Ywebsite: www.breakingfree.net H*(c) Group exemption number H*(c) Group exemption H*(c) Group H*(c		pend				—
New State	$\overline{\Gamma}$	Tax-ex		r 527	1	
Part Summary					- '	
Briefly describe the organization's mission or most significant activities: To end all forms of prostitution and sex-trafficking. Check this box I five organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1b)				I Year		
Briefly describe the organization's mission or most significant activities: To end all forms of prostitution and sex-trafficking. 2 Check this box b if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 Total number of volindivaluals employed in calendar year 2020 (Part VI, line 2a) 6 Total number of volindivaluals employed in calendar year 2020 (Part VI, line 2b) 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 Total unrelated business taxable income from Form 990-T, Part I, line 11 7 Total unrelated business taxable income from Form 990-T, Part I, line 11 7 Total unrelated business taxable income from Form 990-T, Part I, line 11 7 Total unrelated business taxable income from Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, column (A), line 2a) 9 Program service revenue (Part VIII, column (A), line 2a) 10 Investment income (Part VIII, column (A), line 2b) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 15) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 11e) 18 Otal assets (Part IX, column (A), line 11e) 19 Total aliabilities (Part IX, line 16) 19 Total aliabilities (Part X, line 16) 10 Total aliabilities (Part X, line 16) 10 Total assets				<u></u>	01101111aa011, ======	- Ciato or logal dollilollo, ===-
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total fundraising expenses (Part IX, column (A), line 1e) 19 Total fundraising expenses (Part IX, column (A), line 2b) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 16) 23 Total septimes of fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Teresa Forliti, Executive Director 1 Type or print name and title Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature of officer Print/Type preparer's name Steven D. Anseth, CPA Steven D. Anseth, CP 11/09/21 set-amployed Poi0552219 Print Firm's name Abdo, Eick & Meyers, LLP		 ~	Tect difficiated business taxable moonie from 550 1,1 art 1, life 11			
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 123,754. 234,864. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.						
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 775, 196 942,827 16a Professional fundraising fees (Part IX, column (A), line 11e) 16,450 15,863 17 Other expenses (Part IX, column (B), line 25) 135,982 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 676,478 855,376 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,591,878 2,048,930 19 Revenue less expenses. Subtract line 18 from line 12 -96,174 -38,014 19 Revenue less expenses. Subtract line 18 from line 12 -96,174 955,230 20 Total assets (Part X, line 16) 1,058,754 955,230 21 Total liabilities (Part X, line 26) 476,259 410,749 22 Net assets or fund balances. Subtract line 21 from line 20 582,495 544,481 Part II Signature Block Signature of officer Date Teresa Forliti, Executive Director Type or print name and title Print/Type preparer's name Steven D. Anseth, CPA Steven D. Anseth, CP 11/09/21 Signature Poo552219 Preparer Firm's name Abdo, Eick & Meyers, LLP Firm's EIN 41-1397419		+				
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Edina, MN 55436 Phone no.952-835-9090		•			Phone no.95	2-835-9090
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Page 2

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	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 \$ 822,445. including grants of \$ 109,506.) (Revenue \$ 85,653.) Permanent Supportive Housing - Housing, with supportive services as
	Permanent Supportive Housing - Housing, with supportive services as
	described below under the women's program, is provided in two
	master-leased buildings collectively called "the village place" with 36
	one- and two-bedroom units in Saint Paul. In addition, Breaking Free, inc. provides housing advocacy so that our clients are able to obtain
	services with Hearth Connection and Section 8 for alternative solutions
	for PSH. We also assist in the navigation to access emergency shelter
	and transitional housing. During fiscal year 2020, Breaking Free
	provided services to 36 households in our PSH housing program, 12
	households via Section 8, 7 households via Hearth Connection. We were
	also able to support 50 individuals through our emergency shelter from
	September 1, 2019 through December 31, 2020.
4b	(Code:) (Expenses \$ 771,199 • including grants of \$ 124,779 •) (Revenue \$)
	Women's Program: This is the core program and gateway to other services
	provided by Breaking Free. After an initial intake assessment is
	completed, a case management plan is established and enacted. We
	provide advocacy services to our clients who are often dealing with
	concurring issues of poverty, homelessness, drug addiction, and sexual
	violence, all of which necessitates a holistic case management approach
	in order to overcome each of the barriers. Breaking Free staff provides
	information and referrals to appropriate services and advocates on behalf of participants with other systems and agencies. We offer weekly
	in-house educational support groups facilitated by breaking free staff.
	This group is called sisters of survival (SOS) and is a 14-week,
	intensive education group that examines sex trafficking. Trading sex
4c	24 020 570 07 107
	The auxiliary programs consist of the men breaking free ("John
	School"), pre-court diversion, presentations and trainings, and
	outreach.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 1,628,576.

Form 990 (2020) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	••	_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) Breaking Free, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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
	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	١		
	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	05-		$ _{\mathbf{x}}$
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		 -
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		33		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
۵.	Estantha number variated in Day 2 of Farm 1000 Fator 0 if not and the Barrier 1 1 1 7		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	10	Х	

Form 990 (2020) Breaking Free, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led of the tocal evaluation great or an extension of the control of the second of the sec					Yes	No	
b If a least one is reported on line 2a, did the organization life all required fooreal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary earl, dith or organization law an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5a If If Yes, I in the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization apart y to a prohibited tax shelter transaction? 5b If Yes, I into East or Sh, did the organization the Form 88817; 6c If Yes' 10 into East or Sh, did the organization the Form 88817; 6d 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? 6c If Yes' 10 into East or Sh, did the organization the Form 88817; 6d Does the organization account in a contribution under section 170(c). 6d Does the organization receive deductible contributions under section 170(c). 6d Did the organization receive a payment in excess of \$5's made partly as a contribution and partly for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 6d If Yes, Indicate the number of Forms 8282 filed during the year 6d Did the organization received a contribution of qualified motilectual property for which it was required to the Form 8282? 7d Did the organization received a contribution of qualified motilectual property, did the organization that any truns, directly or indirectly, on a personal benefit contract? 7d Did the organization received a contribution of qualified motilectual property in th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or endore during the year? 3b If "Yea," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule 0 3a Income of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Income the common of the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line Sa or Sb, did the organization file Form 888817? 5c Income the organization shad ware not tax deductible is as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or organization and expression of the subject of the second organization shad many contributions that ware not tax deductible contributions on derivation organization shad many receive deductible contributions under section 170(c). 5c Income of the second organization shad many receive deductible contribution or organization flow organization shad many receive deductible organization and expression organization shad many received accordination or organization and party for goods and services provided to the payor? 5c Income organization shad the organization organization flow organization shad to the organization organization organization organization shad to shad the organization organization organization organization organization organiz		filed for the calendar year ending with or within the year covered by this return	2a 20				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es': "has it filed a Form 990 To fire his year? "hi?" to file as, your provide an explanation on Schedule O b if 1''es': "has it filed a Form 990 To fire his year? "hi?" to file as, your provide an explanation on Schedule O b if 1''es': "has it filed a Form 990 To fire his year? "hi?" to file as, your provide an explanation on Schedule O b if 1''es': "has it filed a Form 990 To fire his year? "hi?" to file as, your provided and your provided your provide	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2 b	Х		
b If Yes, 'has it filed a Form 990-T for this year? If 'No'' to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 45 If Yes, 'enter the name of the foreign country Such as bank account, securities account, or other financial accounts? 56 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 57 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 Was the organization a party to a prohibited tax shelter transaction? 59 Was the organization a party to a prohibited fax shelter transaction? 50 Was the organization the organization tile Form 888617? 68 Does the organization shall were not tax deductible as charitable contributions? 69 Was the organization shall were not tax deductible as charitable contributions? 60 Was the organization shall were not tax deductible on the organization an express statement that such contributions or gifts were not tax deductible? 60 Was the organization shall were not tax deductible contributions an express statement that such contributions or gifts were not tax deductible? 61 Was, 'did the organization network explaint in excess of Sin adel party as a contribution and party for goods and services provided to the payor? 70 Organizations that many receive deductible on the value of the goods or services provided? 71 Was,' did the organization netwer payment in excess of Sin adel party as a contribution and party for goods and services provided to the payor? 71 A X Y 72 If the was the many transport of forms 8082 filed during the year 91 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 72 Payment of the was the payment of t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5b If "Yes," face the the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5a Was the organization the foreign country to prohibited the foreign between the security of the organization foreign of the organization face sheller transaction at any time during the tax year? 5a Was 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? 5c Uses 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? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bil the organization state year receive deductible contributions under section 170(c). b If "Yes," did the organization norbif the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a bil the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8829? b If "Yes," indicate the number of Forms 8228 filed during the year 7c X 7d If "Yes," indicate the number of Forms 8228 filed during the year 9 If the organization received a contribution of organization funderty, to pay premitums on a personal benefit contract? 7r X 7r X 7r If Did the organization received an contribution of organization funderty, to pay premitums on a personal benefit contract? 7r If Did the organization received an co	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X	
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 88861? 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? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization treceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions or advised fund maintained by the sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds. 10a Gross received from them.) 12b Section 501	b	If "Yes," enter the name of the foreign country					
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If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
		If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	5								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	0 , 0 ,									
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l.,							
40		40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b								
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х							
l la b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	25							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
·	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(c)	3)s only	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website Very lain on Schedule O									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	The Organization - 651-645-6557									
	770 University Avenue West, Saint Paul, MN 55104									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization in	nor any related	orga	aniza	ation	COI	mpei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Positi (do not check mo					Reportable	Reportable	Estimated
	hours per	box	, unle	ess person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	_	CCI ai	lu a u	liecio)/ ii us	100)	from 	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-181130)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 2) 1000 (**100)		and related
	below	dual	ution	_	Key employee	est co	la la			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Teresa Forliti	40.00									
Executive Director				Х				83,528.	0.	7,429.
(2) Damita Love	4.00									
Chair		Х		Х				0.	0.	0.
(3) Tom Child	4.00									
Vice Chair		Х		Х				0.	0.	0.
(4) Grace Child	4.00							_	_	_
Secretary		Х		Х				0.	0.	0.
(5) Sam Turner	4.00							_	_	_
Treasurer		Х		Х				0.	0.	0.
(6) Ann Haines	4.00							_	_	_
Member		Х						0.	0.	0.
(7) Amelia Beard	4.00							_	_	_
Member		Х						0.	0.	0.
(8) Jereme Fish	40.00							_	_	_
Chief Financial Officer				Х				0.	0.	0.
		1								
		1								
		4								
		1								
		4								
	1			_	_	-	_			
		1								
		\vdash								
		1								
	+			\vdash		\vdash	\vdash			
		1								
				1				I		

	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee			than is bot or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d is	an com	(F) timate nount o other pensa	of tion	
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org and	om the anizati d relate anizatio	ion ed
	Subtotal Total from continuation sheets to Part V							>	83,528.		0.		7,4	29. 0.
	Total (add lines 1b and 1c)							<u> </u>	83,528.		0.		7,4	29.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportab	le			С
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, oı	hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .	<u></u>				5		Х
1	Complete this table for your five highest co	•	-								npens	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services								C	(C				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis	stec	d above) who received m	nore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated 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 1,333,736. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 563,956. similar amounts not included above 1f 70,116. g Noncash contributions included in lines 1a-1f 1,897,692. h Total. Add lines 1a-1f ... **Business Code** 14,357. 624200 14,357. 2 a Presentation and Train Program Service Revenue 11,750. b Mens Breaking Free 624200 11,750. С f All other program service revenue 26,107. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 16. 16. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 85,653. 6 a Gross rents **b** Less: rental expenses ... 85,653. c Rental income or (loss) 85,653. 85,653. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c 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 and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 1,448. 1,448. 11 a Other Revenue d All other revenue 1,448. e Total. Add lines 11a-11d 2,010,916. 111,760. 1,464. Total revenue. See instructions 12

Form 990 (2020) Breaking Free, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 12g expenses on line 24e. If line 18g and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 34 Office expenses on line 24e. If line 24e expenses		Check if Schedule O contains a respon			, , ,	
Total expenses	Do		(A)	(B)	(C)	(D)
Grants and other assistance to domestic organizations and domestic operances. See Part IV, line 21			Total expenses	Program service	Management and	
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, froeign governments, and foreign individuals. See Part IV, line 25 Grants and other assistance to foreign organizations, froeign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current offices, directors, trustess, and key employage Benefits paid and expective to disqualified persons (as defined under section 4968(f)(f)) and persons described in section 4988(f)(f)(f) and 498(f)(f) and persons described in section 4988(f)(f)(f) and 498(f)(f) and 498(f) and 498(f)(f) and 498(f) and 498(f) and 498(f) and 498(f) and				САРСПЗСЗ	general expenses	схрензез
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officiers, directors, trustess, and key employees 6 Compensation inclinated above to disqualified persons (as defined under section 498/If(1)) and persons described in section 498/If(1) and persons described in 498/If(1) and 198/If(1)		•				
Individuals See Part V, line 22 234,864	2	· · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits past to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included data bove to disqualified persons described in section 4958((x)) (8) mb persons 44,005. 3,614. 4,331. 4,331. 4,331. 4,332. 4,333. 4,333. 4,333. 4,333. 4,333. 4,333. 4,333. 4,333. 4,333. 4,334. 4,343.	_		234,864.	234,864.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 Benefits paid to or for members 5 Compensation of current efficers, directors, trustess, and key employees 136,615 at 86,948 at 37,457 at 2,210 at 2,	3					
Holividuals. Sae Part IV, lines 15 and 16 Beanstis pad to or for membres		9				
Benefits paid to or for members 136,615 86,948 37,457 12,210						
5 Compensation of current officers, directors, trustees, and key employees such trustees, and key employees such trustees, and key employees and the section 4988(f)(1) and persons (as defined under section 4988(f)(1)) and persons (as defined under section 4988(f)(1)) and persons described in section 4988(f)(1)) and persons described in section 4988(f)(1) and 4981 and persons described in section 4988(f)(1) and 4981 and persons described in section 4988(f)(1) and 4981 and persons described in section 4988(f) and persons described in the first first and persons described in the first firs	4	F				
trustees, and key employees 136,615. 86,948. 37,457. 12,210. Compensation not included above to disqualified persons (as defined under section 4988(k)(1)) and persons described in section 4988(k)(3)(8) Persion plan accruals and contributions (include section 40(k) and 40(b)) employer contributions (solution 40(k) and 40(k)) employer contributions (solution 40(k) and 40(k)) employer contributions (solution 40(k) and 40(k)) employer contributions (solution 40(k) and 40(k)	5	F				
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)) and persons (as defined under section 4958(r)(3)) and persons (as defined under section 4958(r)(3)) and persons discribed in section 4958(r)(3)) and 493(b) employer contributions (include section 401(k) and 403(b) employer contributions) and the responsibility of the employae benefits and the project of the persons and the project of the employae benefits and the project of the			136,615.	86,948.	37,457.	12,210.
persons (as defined under section 4986(x)(1)) and persons described in section 4986(x)(3)(B) 7 Other salaries and wages 8 Pension plan accruase and contributions (include section 491(x) and 493(b) employer contributions) 9 Other employee benefits 10 Payrolit taxes 118,165. 90,363. 17,686. 10,116. 1Fees for services (homemployees): a Management b Legal C Accounting 119,657. 119,657. d Lobbying Professional fundralsing services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 Advertising and promotion Office expenses 10 Office expenses 10 Occupancy 43,060. 29,136. 4,911. 9,013. 15 Royalties 16 Occupancy 464,596. 459,014. 4,783. 799. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials line rest of travel or entertainment expenses for any federal, state, or local public officials line rest of travel or entertainment expenses for any federal, state, or local public officials line rest in line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 25e, tolumn (A) amount, list line line 24e expenses on Schedule (L) amount expenses being expenses on Schedule (L) amount expenses on Sched	6					
persons described in section 4958(c)(3)(B) 7						
To Other salaries and wages 636,097. 531,999. 48,229. 55,869.		, , , , , , , , , , , , , , , , , , , ,				
8 Pension plan accruis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	7		636,097.	531,999.	48,229.	55,869.
9 Other employee benefits	8					
9 Other employee benefits 51,950 44,005 3,614 4,331. 17,686 10,7116. 10 Payroll taxes 118,165 90,363 17,686 10,7116. Fees for services (nonemployees): a Management b Legal 119,657 1119,657 1119,657 1 d Lobbying Professional fundraising services. See Part IV, line 17 15,863 115,863		·				
118,165. 90,363. 17,686. 10,116.	9		51,950.	44,005.	3,614.	4,331.
11 Fees for services (nonemployees): a Management	10		118,165.	90,363.	17,686.	10,116.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 14g expenses on Sch 0.) 83 , 759 . 62 , 712 . 13 , 835 . 7 , 212 . Advertising and promotion 30 Office expenses 25 , 153 . 9 , 752 . 2 , 393 . 13 , 008 . Hormation technology 43 , 060 . 29 , 136 . 4 , 911 . 9 , 013 . 844 , 783 . 799 . 15	11					
b Legal	а					
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Pay. 657. 119,657. 119,657. 119,657. 15,863. 15,863. 15,863. 119,863. 13,835. 7,212. 13,835. 13,008. 13,008. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 19,013. 13,008. 14,911. 13,835. 13,008. 14,911. 14,768. 15,812. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913. 14,913.						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Depreciation, depletion, and amortization 19 Insurance 10 Depreciation, depletion, and amortization 20 Insurance 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Ilemize expenses not covered above (I.st miscellaneous expenses on Inte 24e, If line 24e amount exceeds 10% of line 25c, column (A) amount, Ilist line 24e expenses on Schodule O.) a Miscellaneous Expense b Employee Training 2			119,657.		119,657.	
Professional fundraising services. See Part IV, line 17 Investment management fees government for fill fill fill fill fill fill fill fil						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 2 5, 153. 9, 752. 2, 393. 13,008. 4 Information technology 4 3,060. 29,136. 4,911. 9,013. 5 Royalties Cocupancy 4 644,596. 459,014. 4,783. 799. 7 7 Tavel 7 7 Tavel 7 Also Payments of travel or entertainment expenses for any federal, state, or local public officials Payments of favel or entertainment expenses for any federal, state, or local public officials 10 Lonferences, conventions, and meetings 3 ,569. 136. 3,433. 20 Interest 10 Ag 4. Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 49,361. 41,768. 6,853. 740. 30,905. 24,095. 3,763. 3,047. 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4 Miscellaneous Expense 5 Total functional expenses. Add lines 1 through 24e All other expenses 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			15,863.			15,863.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 2 5, 153. 9, 752. 2, 393. 13,008. 4 Information technology 4 3,060. 29,136. 4,911. 9,013. 5 Royalties Cocupancy 4 644,596. 459,014. 4,783. 799. 7 7 Tavel 7 7 Tavel 7 Also Payments of travel or entertainment expenses for any federal, state, or local public officials Payments of favel or entertainment expenses for any federal, state, or local public officials 10 Lonferences, conventions, and meetings 3 ,569. 136. 3,433. 20 Interest 10 Ag 4. Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 49,361. 41,768. 6,853. 740. 30,905. 24,095. 3,763. 3,047. 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4 Miscellaneous Expense 5 Total functional expenses. Add lines 1 through 24e All other expenses 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	f	Investment management fees				
Advertising and promotion Coffice expenses 25,153. 9,752. 2,393. 13,008.	g					
13 Office expenses 25,153. 9,752. 2,393. 13,008. 14 Information technology 43,060. 29,136. 4,911. 9,013. 15 Royalties		column (A) amount, list line 11g expenses on Sch 0.)	83,759.	62,712.	13,835.	7,212.
14 Information technology 43,060. 29,136. 4,911. 9,013. 15 Royalties 464,596. 459,014. 4,783. 799. 17 Travel 7,419. 7,385. 34. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 7,419. 7,385. 34. 19 Conferences, conventions, and meetings 3,569. 136. 3,433. 10,494. 21 Payments to affiliates 10,494. 10,494. 10,494. 10,494. 10,494. 21 Insurance 49,361. 41,768. 6,853. 740. 30,905. 24,095. 3,763. 3,047. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (0.) 15,036. 5,648. 5,691. 3,697. a Mi scellaneous Expense 15,036. 5,648. 5,691. 3,697. b Employee Training 2,048,930. 1,628,576. 284,372. 135,982. 25 Total functional expenses. Add lines 1 through 24e 2,048,930. 1,628,576. 284,372. 135,982.	12	Advertising and promotion				
14 Information technology	13	Office expenses				13,008.
15 Royalties	14		43,060.	29,136.	4,911.	9,013.
16 Occupancy	15					
17 Travel	16					799.
Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings 3,569 136 3,433 10,494 10,4	17		7,419.	7,385.	34.	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Miscellaneous Expense b Employee Training 22 All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	18					
Interest		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization 49,361. 41,768. 6,853. 740.	19	Conferences, conventions, and meetings		136.		
Depreciation, depletion, and amortization 49,361. 41,768. 6,853. 740.	20	Interest	10,494.		10,494.	
Depreciation, depletion, and amortization 49,361. 41,768. 6,853. 740.	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Miscellaneous Expense	22	Depreciation, depletion, and amortization		41,768.		
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Miscellaneous Expense	23	Insurance	30,905.	24,095.	3,763.	3,047.
line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Miscellaneous Expense	24	Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.) a Miscellaneous Expense						
Employee Training 2,367. 751. 1,539. 77. d All other expenses Total functional expenses. Add lines 1 through 24e 2,048,930. 1,628,576. 284,372. 135,982. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		amount, list line 24e expenses on Schedule 0.)				
c d All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,048,930. 1,628,576. 284,372. 135,982. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	а				5,691.	
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	b	Employee Training	2,367.	751.	1,539.	77.
All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 2 , 048 , 930 . 1 , 628 , 576 . 284 , 372 . 135 , 982 . 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	С					
Total functional expenses. Add lines 1 through 24e 2,048,930. 1,628,576. 284,372. 135,982. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
reported in column (B) joint costs from a combined	25		2,048,930.	1,628,576.	284,372.	135,982.
	26					
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			37,047.	1	180,131.
	2	Savings and temporary cash investments			162,814.	2	52,048.
	3	Pledges and grants receivable, net		205,935.	3	78,406.	
	4	Accounts receivable, net			2,488.	4	16,981.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	oed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			31,251.	9	10,469.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	987,148.			
	b	Less: accumulated depreciation	. 10b	369,953.	619,219.	10c	617,195.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,058,754.	16	955,230.
	17	Accounts payable and accrued expenses			58,078.	17	89,331.
	18	Grants payable		18			
	19	Deferred revenue		19	45,159.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
≣		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
_	23	Secured mortgages and notes payable to uni	elated th	ird parties	266,581.	23	253,234.
	24	Unsecured notes and loans payable to unrela	ted third	parties	127,600.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	0.4 0.00		02 005
		of Schedule D			24,000.		23,025.
	26	Total liabilities. Add lines 17 through 25			476,259.	26	410,749.
S		Organizations that follow FASB ASC 958, o	heck he	re ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			FFC 022		F 4 4 4 0 1
ala	27	Net assets without donor restrictions			556,933.	27	544,481.
d B	28	Net assets with donor restrictions			25,562.	28	0.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
ρ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
₃t A	31	Retained earnings, endowment, accumulated			E00 40E	31	E A A A O 1
ž	32	Total net assets or fund balances			582,495.	32	544,481.
	33	Total liabilities and net assets/fund balances			1,058,754.	33	955,230.

Form	990 (2020) Breaking Free, Inc.	41-	1856806	Pa	ge 12			
Pa	rt 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	2,01					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,04	18,9 18,0				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	54	4,4	81.			
Pa	rt 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 in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C	D					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Breaking Free, Inc. 41-1856806 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1096215.	1045288.	1197470.	1359716.	1897692.	6596381.			
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	1096215.	1045288.	1197470.	1359716.	1897692.	6596381.			
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,						000 550			
	column (f)						299,570.			
	Public support. Subtract line 5 from line 4.						6296811.			
	etion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2016 1096215.	(b) 2017 1045288.	(c) 2018 1197470.	(d) 2019 1359716.	(e) 2020 1897692.	(f) Total 6596381.			
	Amounts from line 4	1090213.	1045200.	119/4/0.	1339/10.	109/094.	0390301.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	17.	22.	1,564.	198.	16.	1 017			
_	and income from similar sources	1/•	44.	1,304.	190.	10.	1,817.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	-319.	945.	9,208.	1,292.	1,448.	12,574.			
44	assets (Explain in Part VI.)	317.	743.	7,200.	1,272.	1,440.	6610772.			
	Gross receipts from related activities,	eta (see instructio	200)			12	00107721			
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax						
13	organization, check this box and stop	-			•					
Sec	etion C. Computation of Publ									
	Public support percentage for 2020 (I			column (f))		14	95.25 %			
	Public support percentage from 2019					15	92.17 %			
	33 1/3% support test - 2020. If the o					nore, check this bo				
	stop here. The organization qualifies	•		•		•				
b	33 1/3% support test - 2019. If the d									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the fact									
	meets the facts-and-circumstances to			=	•					
b	10% -facts-and-circumstances tes	-	•	* * * * * * * * * * * * * * * * * * * *	•					
	more, and if the organization meets the	_								
	organization meets the facts-and-circle	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	zation				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	nd see instruction	s ▶□			

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						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0010	(h) 0017	(a) 0010	(4) 0010	(-) 0000	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						_
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
'	Unrelated business taxable income (less section 511 taxes) from businesses						
	anguired ofter June 20, 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	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.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2020 (ine 8, column (f), c	divided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	120 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
ı	33 1/3% support tests - 2019. 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%,	and
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4a		
	4b		
	4c		
	5a		
	FL		
	5b 5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	ioa		
	10b		
m 9	90 or 99	90-EZ)	2020

Par	t IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	'		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		l.,	·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see				
	instructions).	. 3	3 3	·				

Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020 Breaking Free	, Inc.		4	1-1856806 _{Page} 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				

Schedule A (Form 990 or 990-EZ) 2020

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

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 Open to Public Inspection

Name of the organization

Breaking Free, Inc.

Employer identification number 41-1856806

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	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 quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	\$		24.14.17.19
8	Does each conservation easement reported on line 2(d) above	- · · · · · · · · · · · · · · · · · · ·	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	of Δrt. Historical Treasures, or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		And Girman Addets.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	c exhibition, education, or research in fair	riciance of public scrvice,
	(i) Revenue included on Form 990, Part VIII, line 1		L ¢
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
~	the following amounts required to be reported under FASB A		ai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		> \$
a	Assets included in Form 900 Part Y		

	t III Organizations Maintaining C	Collections of A		torical Tr	easures (or Othe	r Similai	Δςςρ	ts/continue	raye Z
	Using the organization's acquisition, accessi									
•	collection items (check all that apply):	ori, and other record	u3, 01100	it arry or the	Tollowing the	it make si	grimoarit d	30 01 113		
а	Public exhibition	,	d 🗌	l oan or ove	hange progra	am.				
b	Scholarly research			Other	nange progra	aiii				
C	Preservation for future generations	•	- 🗀	Oti 161						
4	Provide a description of the organization's co	allections and evala	in how th	nev further t	he organizati	on's even	nnt nurnae	a in Dar	+ YIII	
5	During the year, did the organization solicit of							C IIII ai	t Alli.	
5	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pal		cto ii tiic	, organizatio	ii answered	103 011	1 01111 000,	i aitiv,	III C 3, 01	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included			
·u	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							—	_ 100	140
-	The root, oxplain the arrangement in rate xiii	and complete the n	J.i.o Willing	abio.					Amount	
С	Beginning balance						1c		,	
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						,			
Par							0.			
	·	(a) Current year		rior year	(c) Two year			rs back	(e) Four ye	ars back
1a	Beginning of year balance	j	` .			T.				
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	and administe	ered for th	ie organiza	tion	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1			ı					
	Description of property	(a) Cost or o			or other		cumulated		(d) Book v	alue
		basis (invest	ment)		(other)	dep	reciation	\perp	1 -	000
	Land				5,000.		E0 21	2		,000.
	Buildings			81	2,135.	2	58,31	٥٠	553	,822.
	Leasehold improvements			1 ^	7 727		71 00	_	2.0	611
d	Equipment				7,737.		71,09		11	732
•	Othor	1		. 7			<u></u>	1	1 1	1 7 /

Schedule D (Form 990) 2020

617,195.

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

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	ial derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)	(h) must equal Form 000 Part V col. (P) line 12.)			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
i ait vii		on Form 000 Dort IV line	11a Can Form 000 Part V line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
/4\	(a) Beschphen et investment	(b) Book value	(e) Method of Valuations doct of one	a or your market value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2) Se	ecurity Deposits			23,025.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				02.00
	umn (b) must equal Form 990, Part X, col. (B) line			23,025.
-	y for uncertain tax positions. In Part XIII, provide		_	· —
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been p	rovided in Part XIII L

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

Breakin	ig Free, Inc.				41-1856	806
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
 1 Indicate whether the organization rais a Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individua Part VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra I (inclu	non-g gover aising ding o sional f	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have of or cor contrib	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Emily Baldwin - 1534 East		Yes	No			
Avenue, Red Wing, MH 55066	Grant Writing		Х	876,799.	15,863.	860,936.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	. Dutions	876,799. s or has been notified	15,863. d it is exempt from re	860,936. egistration
MN						

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 Breaking Free, Inc. 41	-T8208	306	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	′es 🗌	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Πv	es [□ No
12		 .	C3 _	110
	Indicate the percentage of gaming activity conducted in:	ا ءمدا		0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ү	es [□ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sim \frac{1}{2} = \frac			
,	c If "Yes," enter name and address of the third party:			
•	on res, enter hame and address of the third party.			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name			
	Coming manager commences in the Commence			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
١		□ v	es [□ No
	retain the state gaming license?		C3 _	110
ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
Б.	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9t), 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
Pa	art I, Line 2b, Column (v):			
	cant writing fees.			
GI	ant writing rees.			

Schedule G	(Form 990 or 990-EZ)	Breaking Free,	Inc.	41-1856806 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		Ţ.

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization Breaking	Free, Inc	! _					Employer identification number 41-1856806
Part I General Information on Grants a	-	•					11 103000
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?					sistance, and the selec	▼
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash 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) a 3 Enter total number of other organization 							\
• Litter total number of other organization		1 Labic					

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

(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
Client Assistance and In-Kind Support	452	164,748.	70,116.	Fair Value	in-kind support
Part IV Supplemental Information. Provide the informat	ion required in Part L lin	e 2: Part III. column	 (b): and any other a	dditional information.	
		<u> </u>	(a), and any other a		
Part I, Line 2:					
The use of the funds is not mor	nitored since	e the in-k	ind assist	ance or the	
		£	dhamina A	44:+:11	
funds provided per donee are no	ot significal	IIC TOP MOI	ittoring. A	dditionally,	
the assistance is often paid di	irectly to a	vendor in	stead of t	he individual	
nominating pagistons					
requesting assistance.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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.

Name of the organization Breaking Free, Inc.

Types of Property

Employer identification number 41-1856806

	., i,pec en repend	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contril amounts report	ed on	(d) Method of de noncash contribu		•		
		''	items contributed	Form 990, Part VII	I, line 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests				400				1	
4	Books and publications	X		F 0			Market			
5	Clothing and household goods	Х		59	,451.	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	34	7	<u>,915.</u>	Fair	Market	Va:	lue	
20	Drugs and medical supplies	Х	2	2,000.		Fair	Market	Va:	lue	
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Gift cards an)	X	3				Value			
26	Other ► (Electronics)	X	1		50.	Fair	Market	Va:	lue	
27	Other • ()									
28	Other ()									
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	ement	29					
									Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, th	at it			
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't require	ed to be u	sed for				
	exempt purposes for the entire holding period	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31								31		Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?						32a		X	
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 propert	v for which column	(a) is che	cked.				
	describe in Part II.		-71 - 2. P. 2POIC	,	,, 5.10	,				
LHA		the Instruc	tions for Form 99	0.			Schedule M	(Form	1 990)	2020

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Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Breaking Free, Inc.

Employer identification number 41-1856806

Form 990, Part III, Line 4b, Program Service Accomplishments: for money or anything of value is commodification. Breaking Free assess the impact that exploitation and commodification has on their lives, and covers issues related to addiction and recovery. These groups provide information about the dynamics of sex trafficking and other forms of violence against women and girls and offer a space for women to share their experiences. Upon graduation from the SOS program, survivors are encouraged to join the alumni support group. This program involves weekly, ongoing group meetings with topics including relationship issues, building self-esteem, money management, parenting skills, and health care. We also contract with Chris Stark and other nationally known abolitionists to offer support groups through art therapy, writing, and drama. We focus on empowerment of our ladies and in addition to alumni, we offer several ways to build life, social, and professional skills. We have a writer's bureau and speaker's bureau to increase healing through factoring in transferable skills and learning new skills. In 2018 we started a social enterprise arm so that our survivors can create jewelry for sale and our clients keep the proceeds. This is a huge empowerment opportunity, and we are working on sustainable efforts for long-term success. We have a life & job skills education program which helps women who may have never held a real job to become employable. We help with resume building and job searches and encourage women to complete their GED and seek higher education, which will help them to avoid being revictimized due to economic desperation. We often offer internships when possible for continued empowerment.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** Breaking Free, Inc. 41-1856806 prevention group in which a chemical dependency counselor works closely with women once a week to discuss and deal with chemical addiction issues. We meet our clients where they are at, so breaking free operates a drop-in center that provides the necessities of a shower, safe place to rest, food, clothing, personal and household items to exploited women, girls, and their children. We also reach out to new and potential clients through community and street outreach. Breaking Free conducts street outreach in the areas of the Twin Cities that are known for the highest incidence of trafficking. Staff distributes STD information along with hygiene kits while building rapport and relationships with victims on the streets and letting them know about our programs and resources if they need help or are in immediate danger. Breaking Free also collaborates with the Ramsey County law enforcement, the BCA, Homeland Security, the Department of Corrections assisting with implementation of the Health Start Program where we collaborate with the MN Prison Doula Project and Shakopee Prison. We collaborate with many stakeholders in the community to affect change. In an effort to combat the demand for sex trafficking, Breaking Free operates a restorative justice program where we dissect the messages that people have while purchasing somebody for sex. We dispel myths through real life survivor voices. Form 990, Part VI, Section A, line 2: Tom Child and Grace Child are married.

Form 990, Part VI, Section B, line 11b:

The accountant and the board members review the 990 for final approval

Breaking Free, Inc.	41-1856806
before filing.	
Form 990, Part VI, Section B, Line 12c:	
	.1 1
The organization monitors potential conflicts of interest	
process of new vendors which require a Director's approva	1, CFO approval
and the Executive Director's approval. The relationships	with other
organizations is monitored by the CFO and the Executive D	irector. The Board
of Directors are elected by an interview process conducte	d 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	e executive
director position. This determination is based upon compa	rability 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.	