



Short Form

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. 1545-1150

Department of the Treasury

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

Open to Public Inspection

Inter	mai Reven	ue Service	GO to www.irs.gov/Form990E2 for insulic	uons and the latest illiorinatio)I I.	
AI	For the	2017 calend	ar year, or tax year beginning January	, 2017, and ending	Decemb	per , 20 17
В	Check if ap	plicable	C Name of organization		D Employer id	lentification number
	Address c	hange	The Set Me Free Project		4	7-3990516
$\overline{}$	Name cha	· ·	Number and street (or P.O. box, if mail is not delivered to street a	ddress) Room/suite	E Telephone n	
	initial retur	m .	B O Box 222		(A)	02) 521-3080
	Final retur	n/terminated	P.O. Box 223 City or town, state or province, country, and ZIP or foreign postal	code	F Group Exe	
==	Amended			63 I	Number	' .
	Application		Omaha, Nebraska 68010			\
		ing Method:	☐ Cash			if the organization is not
	Website		//setmefreeproject.net		•	tach Schedule B
J 1	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.))	Form 990, 99	0-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association			
L/	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts a	are \$200,000 or more, or if total a	assets	
(Pa	ırt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990	O-EZ	. ▶ 9	;
P	art I	Revenu	e, Expenses, and Changes in Net Assets or	Fund Balances (see the i	nstructions	s for Part I)
			the organization used Schedule O to respond to			
	1		ons, gifts, grants, and similar amounts received		1	47,360
	2		ervice revenue including government fees and contri	racte	2	0
	į.	_			3	
	3		ip dues and assessments		<u> </u>	0
•	4	Investmen			4	1
J	5a			5a	0	
	b		or other basis and sales expenses		0	
	C		ss) from sale of assets other than inventory (Subtrac	t line 5b from line 5a)	<u>.5c</u>	
	6	_	nd fundraising events			
	а	Gross inc	ome from gaming (attach Schedule G if greate	er than	1	- · · · · · · ·
9		\$15,000)		· · 6a	o -	
Revenue	ь	Gross inco	ome from fundraising events (not including \$	o of contributions	s 1121	 AU:: 2 2 2018
<u></u>			raising events reported on line 1) (attach Schedule		Lip	
ш.	`		ch gross income and contributions exceeds \$15,000	w 1 1	11,104	
	C	l ess dire	et expenses from gaming and fundraising events .	6c	1.919	THE WAR
	ď		e or (loss) from gaming and fundraising events (ac	LL.		
<u></u>	"	line 6c)	o or (1000) from garring and randrationing overtice (at		· · 6d	0.105
2018	7-	,	o of inventory loss returns and alloweness	7a	00	9,185
	7a		es of inventory, less returns and allowances			
≪~	b		of goods sold		 -	
	C	•	fit or (loss) from sales of inventory (Subtract line 7b f		<u>7c</u>	0
()	8		nue (describe in Schedule O)		8	0
ĕ_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	 	. ▶ 9	55,546
	10	Grants an	d similar amounts paid (list in Schedule O)	DEOF	10	0
ш	11	Benefits p	aid to or for members	RECEIVED	. 11	0
Z 4	१ 12	Salaries, o	ther compensation, and employee benefits	50) 12 13	32,487
	13	Profession	nal fees and other payments to independent contract	108 - MAY 2 1 2018 -	6 13	753
SCANN	14		y, rent, utilities, and maintenance		あ . 14	3,474
Ø Ž	15		ublications, postage, and shipping	GARGUIT	S 14 15	2,169
	16		enses (describe in Schedule O)	. OGDEN, UP	. 16	19,669
	17	•	enses. Add lines 10 through 16		17	58,552
	40		(deficit) for the year (Subtract line 17 from line 9)			
¥	18	Not seed	s or fund balances at beginning of year (from line s)	27 column (A)\ (must care)	18	3,006
9	ī 19					-
ď	Č	-				
Not Accete	20		nges in net assets or fund balances (explain in Sche			0
_	21	Net asset	s or fund balances at end of year. Combine lines 18	through 20	. 🕨 21	5,084
Fo	or Paper	rwork Reduc	tion Act Notice, see the separate instructions.	Cat. No. 10642I		Form 990-EZ (2017)

Par	Balance Sheets (see the instructions f	for Part II)				1
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		´ 🗹
_				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[3,157		[^] 320
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)				24	5,444
25	Total assets		[3,157		5,764
26	, , , , , , , , , , , , , , , , , , , ,	· · · · · · ·		1,079	_	680
27	Net assets or fund balances (line 27 of column			2,078	27	5,084
Part		•		•		Expenses
1A/h-a4	Check if the organization used Schedule	•			(Red	quired for section
		Prevention Education			501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orga	anizations; optional for ers)
28	Prevention education in the schools with a curricului	m 3rd grade - college	on the dangers of s	ex trafficking,		
	cyber-bullying, and social media safety.					
	(Grants \$ 20,500) If this amount	includes foreign gra	ints, check here .	▶ □	28a	58,552
29	Prevention education to adults: parents, educators, r					- 36,552
		**				
	(Grants \$ 5,600) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29 a	a a
30						
	·	includes foreign gra		<u> ▶ 🗆</u>	30 a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ctions for Part IV)
	Check if the organization used Schedule	i i	(c) Reportable	(d) Health benefits,		· · · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ		Estimated amount of other compensation
Stept	nanie Olson - CEO/President	40		<u> </u>	0	0
<u>Jena</u>	Bailey - Treasurer	1		<u> </u>	0	0
		1				
HICK	Faber - Director	1		<u>'</u>	0	
Barry	Jurgensen - Director	1 1			0	0
	vargenden brieder	·	`	1	1	
Linds	sey Scott - Secretary	1 1		ol .	0	O
					Ť	-
Dora	rena Smith - Chairman of Board	1			0	O
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Significant control of Part V.) Check if the organization used Schedule O to respond to any question in Did the organization engage in any significant activity not previously reported to the IRS7 if "Yes," provide detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforme copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Joid the organization have unrelated business gross income of \$1,000 or more during the year from busines activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule V was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III and enter the very organization or significant disposition of net assed during the year? If "Yes," complete schedule can be used to the organization undergo a liquidation, dissolution, termination, or significant disposition of net assed during the year? If "Yes," complete schedule can be used to the organization become any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved assection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organiz	33 34 35a 35b 35c 36	Yes	No V V V V
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 499 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior ye that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelt transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Nebraska The organization's books are in care of ▶ Stephanle Olson Located at ▶ 11620 M Circle Omaha, Nebraska Telephone no. ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority ov a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year		1	
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 498 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior ye that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	7		
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on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelf transaction? If "Yes," complete Form 8886-T	r 40b		1
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelf transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Nebraska The organization's books are in care of ▶ Stephanie Olson Located at ▶ 11620 M Circle Omaha, Nebraska Ilp + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority ov a financial account in a foreign country (such as a bank account, securities account, or other: financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank ar Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041; Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ Nebraska 42a The organization's books are in care of ▶ Stephanle Olson Located at ▶ 11620 M Circle Omaha, Nebraska 5 Elephone no. ▶ Located at ▶ 11620 M Circle Omaha, Nebraska 6 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 account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank are Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 + Check here and enter the amount of tax-exempt interest received or accrued during the tax year	-		
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Located at ▶ 11620 M Circle Omaha, Nebraska ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority ov a financial account in a foreign country (such as a bank account, securities account, or-other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank ar Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 + Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
b 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 account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank are Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 + Check here and enter the amount of tax-exempt interest received or accrued during the tax year	402-52		30
a financial account in a foreign country (such as a bank account, securities account or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank ar Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 + Check here and enter the amount of tax-exempt interest received or accrued during the tax year		137 Ves	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank ar Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041. Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42b	+	1
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	_		1
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		1	}
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	1		نــر
and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>	
44a Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must l	42c		▶□
- 444a Diu ure organization maintain any donor advised idnos durino the year? If test form 940 milst i		T	: No
completed instead of Form 990-EZ	42c	Yes	+ •••
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must I completed instead of Form 990-EZ	42c		1
c Did the organization receive any payments for indoor tanning services during the year?	42c		✓ ✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide a explanation in Schedule O	42c 44a 44b 44c		1
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42c 44a 44a 44b 44c		1
b 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," Form 990 and Schedule R may need to be completed instead Form 990-EZ (see instructions)	42c 44a 44b 44c		1

Form 99	0-EZ (2017)				Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political c	ampaign activities on	behalf of or in oppos	Yes 'No sition 46
Part					
	All section 501(c)(3) organization		stions 47-49b and 8	52, and complete t	he tables for lines
	50 and 51.				
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI	<u> </u>
					Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		1
48	Is the organization a school as described i				
49a	Did the organization make any transfers t	•	-		
p	If "Yes," was the related organization a se				
50	Complete this table for the organization's employees) who each received more that				
	employees) who each received more than	,		(d) Health benefits,	T THORIC.
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferre compensation	
Daniel	le Howell, Youth Program Director	30	14,326		0 0
		1		1	
Sarah	Wimer, Project Administrator	40	5,073	 	00
Tomi	lanal	4	540		o
Tami N	losai		340		<u> </u>
Camer	on Badger	15	7,652	ĺ	o
Taylor	Grass	3	252		0 0
f	Total number of other employees paid ov	er \$100,000	. ▶0		
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors who ea	ch received more than
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	псе	(c) Compensation
None					
			 		
			-		
			 		
			-		
			{		
	T-t-t		1 0vor \$100 000		0
52	Total number of other independent contribution bid the organization complete Sched			nizatione must atta	_
JŁ	completed Schedule A	ule A: Note. All St			.▶☑ Yes ☐ No
Under		retorn, including accompar	nying schedules and stateme	ents, and to the best of my	
true, co	penalties of penjury, I declare that, I have examined the prect, and complete. Declaration of preparer (other in	officer) slbased on all inf	ormation of which preparer h	nas any knowledge	110
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DIKUY X		2/1	5//X
Sign	Signature of officer			Date	
Here	Stophianio Glocin, G2077 10012011		 	- <u>-</u>	
	Type or print name and title	Preparer's suggestion	Da	te T	D PTIN
Paid	· ·	Preparer's signature) Da	Check	L_ If
-	parer		<u>_</u>	self-emi	pioyed
Use	Only Firm's name Firm's address F			Firm's EIN ► Phone no.	
May t	he IRS discuss this return with the prepare	er shown above? See	instructions		► ☐ Yes ☐ No
<u>_</u>					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

he_	Set I	Me F	ree Project					47-39	
Рa	rt I		Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
he	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	I \square 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			nospital or a cooperative hos						
4			nedical research organizatio		njunction with a hosp	ıtal desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the
	_		spital's name, city, and state						·
5			organization operated for t		college or university of	owned or	operate	d by a governmenta	al unit described in
6 7									
8] A c	community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	L.	or i	agricultural research organi university or a non-land-grai iversity:	zation described nt college of agri	in section 170(b)(1)(culture (see instructio	A)(ix) opens). Ente	erated in the name	conjunction with a late of	and-grant college the college or
10	7	rec su	organization that normally recipts from activities related pport from gross investment quired by the organization a	to its exempt fur income and unr	nctions—subject to ce related business taxab	ertain exc ole incom	eptions, a e (less se	and (2) no more that ection 511 tax) from	າ 33¹/₃% of its
11		_	organization organized and	•	•	•		, , , ,	
12		of	organization organized and one or more publicly suppo eck the box in lines 12a thro	rted organization	ns described in secti	on 509 (a)	(1) or se	ction 509(a)(2). See	section 509(a)(3).
i	3		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or el	ect a ma			
1	b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in t	the same			
1	С		Type III functionally integ its supported organization(rated. A support	ting organization oper	ated in c			ally integrated with,
	d	\Box	Type III non-functionally i	, ,	•				orted organization(s)
	u	Ц	that is not functionally integree requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
	е		Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determinationally integrated sup	on from the	ne IRS tha organizati	at it is a Type I, Type on.	e II, Type III
			er the number of supported o						· · [
	9	Prov	vide the following information	about the supp	orted organization(s).				
	(1)) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the of listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1		Yes	No		
(A)					المان	Sc			
(B)				1.37	AUG 22 2018	IRS-			
(C)				1				_	
(D)									
(E)									

	(Complete only if you checked the Part III. If the organization fails to						alify under
Sactio	on A. Public Support	quality unde	i the tests is	/	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(4) 4010	(3) 20 1	1	(4, 2010	(0) 20	(7) (014.
-	membership fees received. (Do not			/ /			
	include any "unusual grants.")			j			
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					<u> </u>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			1		-	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			1	<u> </u>		
	on B. Total Support			1	<u> </u>	L	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		-	i			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	=		1	-		
Casti	organization, check this box and stop he			• • • • • •	<u> </u>	· · · · ·	▶ ☑
<u> </u>	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 column (ft)		14	%
15	Public support percentage from 2016 Sch					15	
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qua						▶ 🖂
b	331/3% support test-2016. If the organi				•		ore, check
	this box and stop here. The organization	•		_	1		▶ 📙
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the	e "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions						
	instructions	<u> </u>	<u> </u>	· · · · ·	<u> </u>	<u> </u>	

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

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.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	o	6662	28302	48253	83217
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	o	o	o	6867	8294	15161
3	Gross receipts from activities that are not an					- 520.7	
	unrelated trade or business under section 513	اه	o	o	o	o	0
4	Tax revenues levied for the				<u>_</u>		
•	organization's benefit and either paid to	ľ	İ	į	[
	or expended on its behalf	o	o	o	o	o	0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	0	0	6662	35169	56547	91716
	Amounts included on lines 1, 2, and 3			0002	33109	30347	91710
	received from disqualified persons .	o	0	0	0	اها	0
	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	اه	0	0	1867	3294	10161
_	Add lines 7a and 7b	0	0	0	1867	3294	10161
8	Public support. (Subtract line 7c from				1007	3234	10101
	line 6.)			1			81555
Secti	on B. Total Support						0.000
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	6662	36169	56547	91716
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	o	.01	2	.51	2.52
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	- 0	- () (755 #0	F 1 0	0
С	Add lines 10a and 10b	0	0	.01	こしに「V´2	" .51	2.52
11	Net income from unrelated business						
	activities not included in line 10b, whether			127	UG 22 20	18	
	or not the business is regularly carried on	o	0	1-374		1 o	0
12	Other income. Do not include gain or			[EG]			
	loss from the sale of capital assets						
	(Explain in Part VI.)	l	0	i 0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	o	о	6662	35171	56548	98381
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re			<u> </u>	<u> </u>	> 🗸
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line	• • •	•			15	%
16	Public support percentage from 2016 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In					T T	
17	Investment income percentage for 2017						%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2017. If the organ						
	17 is not more than 3318%, check this box						
b	331/3% support tests—2016. If the organi						
	line 18 is not more than 331/3%, check this					_	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV **Supporting Organizations**

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

Section A. All Supporting (Organizations
-----------------------------	---------------

			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3c		_
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		_
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).	8		
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 .	9a		
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 .	9b		
С	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.	9c		
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 10h below	400		

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.)

10b

Part	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	res	140
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		
Secti	on C. Type II Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations		F2 2	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	1 3	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part, Test diving the year (see	inetra	ction	e)
	The organization satisfied the Activities Test. Complete line 2 below.	1	CGO!	J).
a b	The organization is the parent of each of its supported organizations. Complete line 3 below—	ţ		
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				
	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		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>	1	t
а	make the state of the state of the state of the affine and the state of the state o	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-	

Page	A
raue	v

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ain ın Part VI). See
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporti	ng organization (see

Part) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
	10 Line 8 amount divided by line 9 amount					
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7:					
a	Applied to underdistributions of prior years	L				
b	Applied to 2017 distributable amount	<u> </u>				
C		12	1			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	19 ASC	2 2 2018 S- 			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
С	Excess from 2015					
	Excess from 2016					
е	Excess from 2017		l			

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

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

The Set Me Free Project	47-3990516		
Part I: Line 16: Expenses	•••••		
Business Registration Fees	\$125		
Business Expenses - Other	\$2		
Event Materials	\$20		
Event Promotion	\$1091		
Event Expenses - Venue/Meals	\$7,045		
Donation Expenses	\$948		
Bank Charges and Fees	\$780		
Education and Training	\$1,150		
Travel - Conference and Meetings	\$2,621		
Software Subscriptions	\$388		
Office and Operation Supplies	\$347		
Telephone and Telecommunication	ons \$337		
Insurance - Liability, D&O	\$357		
Payroll Fees	\$1,080		
Payroli Taxes	\$3,378		
Part II: Line 24: Other Assets		「「「」「」、「」「」、「」」、「」」、「」」、「」」、「」」、「」」、「」」	VED
Security Deposits Assets	\$389	S AUG 22	7018 191
Unrestricted Net Assets	\$5055	1,5,1	1 <u>8</u> 1
Part II: Line 26: Liabilities		(, ") [, E])	
Barclay Credit Card	\$680		
		·	