· 990

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 cale	ndar year, or tax year beginning January 1 , 2018, and ending	Decemi	per 31	, 20 18							
<u>В</u>	Check	if applicable	C Name of organization Steps to New Freedom			er identification n	umber						
		s change	Doing business as			88-0503207							
	Name o	•	Number and street (or P O. box if mail is not delivered to street address) Room/suite	E	Telepho	ne number							
$\overline{\Box}$	Initial re	•	210 Marsh Ave #100			775-322-4003							
$\bar{\sqcap}$		turn/terminated City or town, state or province, country, and ZIP or foreign postal code											
己		led return	Reno, NV 89509	ا	Gross re	eceints \$	611,572						
$\overline{\Box}$						subordinates? Yes							
_	· .ppoz.	o ponog	· · · · · · · · · · · · · · · · · · ·	-	•	s included? Yes	=						
$\overline{}$	Tay-ey	empt status	☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 5\$7, <b>4</b>			a list. (see instruction							
j	Websit			c) Group e	xemption	number >							
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	2004		of legal domicile	NV						
Р	art I	Summ											
	1		scribe the organization's mission or most significant activities: Provide assi	stance to	ex-pris	soners and hom	eless						
ė	'	veterans											
Governance		VCCCIONS											
Ę	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of mo	re than 2	25% of	its net assets							
Š	3		of voting members of the governing body (Part VI, line 1a)		3		6						
ى ھ	4		of independent voting members of the governing body (Part VI, line 1b)		4								
es	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	• • •	5								
Ϋ́	6		nber of individuals employed in calendar year 2010 (Fait V, line 2a)		6		0						
Activities	7a		elated business revenue from Part VIII, column (C), line 12		7a	· · · · · ·	7						
•	b		ated business taxable income from Form 990-T, line 38		7b	<del></del>	0						
	-	INEL UITE	<del></del>	Prior Year		Current Ye	ear 0						
	8	Contribus	ions and grants (Part VIII, line 1h)										
Ë	9		service revenue (Part VIII, line 2g)		- 0		C44 573						
Revenue	_	-	•		523,609		611,572						
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		<del></del> 3		12						
	11		enue – add lines 8 through 11 (must equal Patroxit, edulmin (A), lines 2)										
	12	Cranta	ad simpler emplints paid (Bort IV adjust TA) lines 1 3)		523 <u>,61</u> 4		611,584						
	13	Danatita	nd similar amounts paid (Part IX, column (A), lines 1–3)  paid to or for members (Part IX, column (A), clime 4) 5 2019  https://doi.org/10.1001/10.100										
	14	Cetamas	baid to or for members (Part IX, Coldish (A)Cline 4) 4 4 4										
ses	15	Salaries,	ther compensation, employee benefits #ffair ix, column (All mission			_							
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A))—ime (E) EN, UT										
X	Ь		draising expenses (Part IX, column (D), line (S)										
_	17		penses (Part IX, column (A), lines 11a-T1d, 11f-24e)	_	159,991								
	18	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		159,991								
	19	Revenue	less expenses. Subtract line 18 from line 12	ing of Curre	63,623	End of Ye							
ets or lances		<b>*</b>	\ <u></u>										
Ssel	20		ets (Part X, line 16)	<del>-</del>	282,497	_	284,208						
Net Asse Fund Bat	21		lilities (Part X, line 26)		200 407								
			s or fund balances. Subtract line 21 from line 20		282,497		284,208						
	art II				boot of a		haliat it is						
tru	aer pena e. correc	aities or perju ct. and compl	y, I declare that have examined this return, including accompanying schedules and statements, etc. Reclaration of preparer (other than officer) is based on all information of which preparer has an	ny knowled	lge	ily kilowieuge allu	Deller, It is						
_		-	1/1				<del></del>						
Sig	ın	Sign	titure of officer.	I Date	<del></del>								
He					3-30	- 19							
. 16		K	or print name and title		<u> </u>								
	<del></del>	Print/Tv	pe preparer's name Preparer's signature Date	т		PTIN							
Pa			Topalor o raino		Check [ self-emp	ıf							
Pr	eparè			<del>-    </del>									
Us	e Of				EIN ▶								
-			ddress >	Phone	no		The state of						
мa	y tne∃l	HS discuss	this return with the preparer shown above? (see instructions)		<u></u>	∟j Yes	∐ No						

	90 (2018)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	Provide housing and counseling assistance to homeless veterans with serious legal issues and homeless non vetera	ine with
	serious legal issues	1113 W/(!)
	Did the consequential and adoles and consequent and an adoles and	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O.	
~	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code: 531110 ) (Expenses \$ 530,200 including grants of \$ ) (Revenue \$	611,572)
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	•	
		••••
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
	(0000)(2.poisoo v	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 530,200	



#### Part IV **Checklist of Required Schedules**

Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>√</b>
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		<u>·</u>
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		<b>√</b>
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		· •
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			_
0	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		✓
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>-</b>
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<b>✓</b>
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		<u>✓</u>
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		<b>✓</b>
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		✓_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$-\!\!\!\!\!-\!$	✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓_
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		✓
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		<b>✓</b>
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 (see instructions)	17		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
			000	

Part	V 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		1
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23		_
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "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 Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<b>✓</b>	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
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 Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓ _	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it ochequie O contains a response of note to any line in this part v	÷	Yes	No.
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_	
-	reportable garming (garmoning) withings to prize withings		990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		-
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 account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>\</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.	- 1	,
لد	required to file Form 8282?	7c		<b>√</b>
d		7e		<b>√</b>
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	-+	<b>✓</b>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>▼</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			•
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\overline{\checkmark}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Ì	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	l J		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ĺ	
	against amounts due or received from them.)		l	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	i	j	
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans	ł	ł	
	Enter the amount of reserves on hand	145		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	İ	1
	excess parachute payment(s) during the year?	15	+	<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		<del>_</del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-10	<u> </u>	<u> </u>
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. 🗸							
Secu	on A. Governing Body and Management		Γ	т							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No							
· · a	If there are material differences in voting rights among members of the governing body, or	4									
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
Ь											
2	Enter the number of voting members included in line 1a, above, who are independent	4	i	l							
	any other officer, director, trustee, or key employee?	2		<u> </u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7							
6	Did the organization have members or stockholders?	6		1							
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		1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		Ť							
	stockholders, or persons other than the governing body?	7b		1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	✓								
b	Each committee with authority to act on behalf of the governing body?	8b	<b>\</b>								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	Ļ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1								
13	Did the organization have a written whistleblower policy?	13	1								
14	Did the organization have a written document retention and destruction policy?	14	✓								
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	<u> </u>								
b	Other officers or key employees of the organization	15b	<b>∵</b>	<u> </u>							
-	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		/							
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			† i							
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b									
Secti	organization's exempt status with respect to such arrangements?	ַטטּי		Ц							
<u>3ecu</u>	Late the state with which a compact this form 000 is required to be filed										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.			, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	▶								
	Robert Hemenway, 210 Marsh Ave #100, Reno. NV 89509 775-322-4003										

, E	nm	agn	/201	R١

Dage	•

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

#### 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.

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

☐ Check this box if neither the organization nor	r any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer ,	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Zavadil Officer				1				3548		
(2) Ken Paul Officer			-	1				0		
(3) Nancy Turner Officer				✓		_		0		
(4) Robert Hemenway Director		1						0		
(5) Alan Yourchik Officer				1				0		
(6) Albert Lachner Officer				1				0		
(7) Aaron Hughes Officer				✓				623		
(8)			_							
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	ļ									

Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) (B)  Name and title Average hours proveek (list		box, office	Position (do not check more th box, unless person is to officer and a director/t				an lee)	Reportable compensation	(E) Reportable compensation from	m	(F) Estimate amount other	
	•	hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	9	ompensa from th organizati and relati organizati	e ion ed
(15)													
(16)								-			<del> </del>		
(17)													
(18)													
(19)													
(20)								-			<del> </del>		
(21)											<del> </del>		
(22)													
(23)									-				
(24)									<del></del>				_
(25)													
1b c	Sub-total	VII, Section	n A			] 		<b>A</b> • •	4,171				
2	Total number of individuals (including but reportable compensation from the organic	not limited					bove	) wl		ore than \$100,	000 of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mp	loyee, or high	est compensa		Ye:	s No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? If		s," (	complete Sch		ıch 🔔	4	<b>→</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	
	on B. Independent Contractors								·	<u> </u>			
1	Complete this table for your five highest compensation from the organization. Rep year.												tax
	(A) Name and business addr	'ess							(B) Description of se	ervices		(C) ensation	ı —
			_	<u>.</u>									
2	Total number of independent contractor							the	ose listed abo	ve) who			
	received more than \$100,000 of compensation	ation from t	he org	ganı	zatı	on 🕨	<u> </u>		0				

Par	t VIII	Statement of Revenue		_	_		<u> </u>
		Check if Schedule O contains a res	ponse or note t	o any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns 1a  Membership dues 1b			F - 1		,
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c		1			
	d	Related organizations 1d		]	1,,		
Š, Ē	е	Government grants (contributions) 1e		]	v.		
ig s	f	All other contributions, gifts, grants,		]		The second	,
호	ļ	and similar amounts not included above 1f		_			, ,
ž Š	y	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		ļ			
뎚	_		Business Code				
eve	2a	Program Income	531110	611,572	611,572		
ě	b						
ڲٙ	C		<u> </u>				
S	d						
gran	e f	All other program service revenue.					
Frogram Service Revenue	, g	Total. Add lines 2a-2t		611,572			
	3	Investment income (including divid		011,072			
		and other similar amounts)		12			
	4	Income from investment of tax-exempt be	ond proceeds ▶				
	5	Royalties	. <u></u> . <b>&gt;</b>				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less. rental expenses					
	C	Rental income or (loss)	Ĺ				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
	С	and sales expenses Gain or (loss)					
	q	Net gain or (loss)		-			
ne	8a	Gross income from fundraising					
leven		events (not including \$ of contributions reported on line 1c).					
Other Rever		See Part IV, line 18 a			1 .	1	
ō		Less: direct expenses <b>b</b> Net income or (loss) from fundraising		<del></del>			
		Gross income from gaming activities See Part IV, line 19					
	h	Less: direct expenses b					]
		Net income or (loss) from gaming acti	vities ▶				
		Gross sales of inventory, less					
		returns and allowances a					
	ь	Less. cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenuu	Business Code	_1	4-1		n
	11a						
	b						
	C						
	d	All other revenue	L				
	e 12	<b>Total.</b> Add lines 11a–11d <b>Total revenue.</b> See instructions		611.584	<del></del>		
	17	iniai revenue see Institucions					

	90 (2018)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		e in this Part IX .		<u></u> 🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4,171	4,171		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes			·	
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,460	2,460		
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				<del></del>
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	81,105	81,105		
14	Information technology				
15	Royalties				
16	Occupancy	318,743	318,743		
17	Travel . '	1,853	1,853		<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		ł		
19	Conferences, conventions, and meetings .				
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	7,564	7,564		
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	VA Counseling	85,378	85,378		<del></del>
b	Supplies	28,926	28,926		
c d		<del></del> -	<del></del>		
a e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	530,200	530,200	<del></del> -	<del></del>
26	Joint costs. Complete this line only if the	333,230	550,200		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	284,154	1	372,194
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	f - 1		1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	-5,157	7	-94,341
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			1
		other basis. Complete Part VI of Schedule D	· · · · · ·	_	
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,500		6,355
	16	Total assets. Add lines 1 through 15 (must equal line 34)	282,497		284,208
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and		_	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	<u> </u>
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-	26	
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			<u> </u>
es		complete lines 27 through 29, and lines 33 and 34.			ŀ
Š	27	Unrestricted net assets	282,497	27	284,208
ala	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
<b>Fund Balances</b>	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
ī		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds .		32	
e	33	Total net assets or fund balances	282,497	33	284,208
Z	34	Total liabilities and net assets/fund balances	282.497		284.208
_		Total habitation and not appoint the palations			Form <b>990</b> (2018)

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· · ·	<u> </u>
· 611	1
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. 284	10
Yes	
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2b	
	ed on a
	versight
2c	intant?
	plain in
3a	forth in
3b	ergo the udits.

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# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) poperent charts

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

2018

Open to Public Inspection

Employer identification number

	to New Freedom			_			03207
Pai	<del></del>				-		ons.
1	organization is not a private foundate in a church, convention of church	hes, or associati	on of churches descr	ibed in s	ection 17	<sup>7</sup> O(b)(1)(A)(i).	}
2	A school described in section						
3	A hospital or a cooperative ho						·
4	A medical research organization hospital's name, city, and state		onjunction with a nos	pital dest	ribea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in
6 7	= = = -, -, -, -, -, -, -, -, -, -, -, -, -,						
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	culture (see instruction	ons). Ente	er the nan	ne, city, and state of	f the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 331/3% of its
11	An organization organized and	•	•		•	•	
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		ization operated (s) the power to	l, supervised, or contr regularly appoint or e	olled by lect a ma	ts suppo	rted organization(s),	typically by giving
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		rated. A support	ting organization opei	ated in c			ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction)	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement an	
е	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of						
g	Provide the following information					T	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)			-	-			
(C)							
(D)							
(E)							
				Ī	1	1	1

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Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						dily dilder
Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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		1		/	ļ	
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			,			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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 th						
<del></del>	organization, check this box and stop her			· · · · ·	<del></del>	· · · · ·	▶ □
	on C. Computation of Public Suppor Public support percentage for 20,1/8 (line 6			1 column (6)		14	<del></del>
14 15	Public support percentage for 2018 (line of Public support percentage from/2017 Sch			i, column (i))		15	
16a	331/3% support test—2018. If the organi						
	box and stop here. The organization qual						▶ □
	331/3% support test—2017. If the organization	zation did not qualifies as a	check a box of publicly support	on line 13 or 16 orted organizati	on		ore, check ☐
17a	10%-facts-and-circumstances test—2018. 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.						
ь	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part/VI how the organization in supported organization	tion meets th	e "facts-and-o	circumstances'	" test, check t	this box and s	top here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
-	instructions /			· · <u>· ·</u> ·		<u> </u>	▶ □
		· <u></u>			Sch	nedule A (Form 990	or 990-EZ) 2018

### 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.)

Sect	ion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1 _					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	283,790	535,628	340,810	523,609	611,572	2,295,409
3	Gross receipts from activities that are not an	;			_		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						·
	organization's benefit and either paid to						
	or expended on its behalf	L					
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge			<del>-</del>			
6	Total. Add lines 1 through 5	283,790	535,628	340,810	523,609	611,572	2,295,409
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	·	<del></del>					
ь	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	-		_ ,			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						.00 . 0
	line 6.)						2245404
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	283,790	535,628	340,810	523,609	611,572	2,295,409
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less		ļ		ļ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975			<u>-</u>			
_	Add lines 10a and 10b						
11	Net income from unrelated business		1		Ĭ	Í	
	activities not included in line 10b, whether or not the business is regularly carried on						
40	Other income. Do not include gain or			-			
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	283,790	535,628	340,810	523,609	611,572	2,295,409
14	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3, column (f))	· · · · ·	15	%
16_	Public support percentage from 2017 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (I					17	<u>%</u>
18	Investment income percentage from 2017	Schedule A, P	art III, line 17			18	% and line
19a	331/3% support tests—2018. If the organi	ization did not o	Check the box	on line 14, an	a line 15 is mo	ore than 331/39	o, and line
_	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	eck a DOX ON II	ration qualifies	as a nublick eu	is more man 3. Innorted organi	zation ► 🗸
20	Private foundation. If the organization die						
20	Titale louissation it the organization of	a not oncor a c	37. 01. 1110 17,				····

#### 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.)

Secti	on A. All Supporting Organizations	art v	·)	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported	1		
3a	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
	(b) and (c) below	3a		<u> </u>
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 <b>Part VI</b> when and how the organization made the determination.	3b	ļ <del></del>	<u>-</u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>	6	<del>  </del>	
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).	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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	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 10b below.	10a		
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.)

10b

, 40,1000				rage u
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	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			l
	controlled the organization's activities. If the organization had more than one supported organization,		1	ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the honofit of any supported organization other than the supported	<b>-</b> -		<del> </del> -
_	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			ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u> </u>		
C4		2	<u> </u>	L
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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	(2
	The organization satisfied the Activities Test. Complete line 2 below.		01.0.10	•/-
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line of below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	coe in	ctnicti	onel
C		366 1113	Yes	_
2	Activities Test. Answer (a) and (b) below.		163	140
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 <b>Part VI identify</b> 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.			لــــــ
_	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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>b</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	y ini	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)			
Sect	Section D—Distributions					
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	oses of supported orga	Inizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6			<del></del>			
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·				
10	Line 8 amount divided by line 9 amount					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, il any, to 2018					
<u>a</u>	From 2013					
b	From 2014					
C	From 2015					
d	From 2016					
е	From 2017	<u> </u>				
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2018 distributable amount					
<u>i</u>	Carryover from 2013 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D. line 7. \$					
	Applied to underdistributions of prior years					
b_	Applied to 2018 distributable amount  Remainder, Subtract lines 4a and 4b from 4.					
<u>c</u>						
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014					
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018					

#### -SCHEDULE L

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name o	f the organization								Employ	yer ide	ntıficat	ion nu	mber		
Steps	to New Freedom										88-0	5032	07		
Pari	Excess Bene Complete if the	fit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3), s" on	, section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	11(c)(29) o sa or 25b,	rganız or Foi	ations m 99	only) 0-EZ,	Part '	V, lıne	e 40b.	
1 (a) Name of disqualified person			(b) Relationship between disqualified person and				(c) Description of transaction					(d) Corrected?			
	(a) Name of disquaimed	person		organiz	ation			(0) 50			13401101	•		Yes	No
(1)															
_(2)															
(3)															
(4)															
(5)														ļ	
(6)	<u> </u>		J h., Ah.,								ha				
2	Enter the amount under section 4958									ring t	rie ye	aı ► \$			
_	Enter the amount of									• •		<b>→</b> \$			
3	Enter the amount of	ii tax, ii any, on	i iirie z, above,	renni	Jurseu by	rine organi	ZaliUi	٠				ų	'——		
Part	Complete if th	/or From Inter ne organization eported an am	answered "Ye	s" on	Form 99 Part X, lin	0-EZ, Part ' e 5, 6, or 22	V, line 2.	38a or F	orm 99	90, Pa	ırt IV,	line 2	6; or	if the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan from the organization		om the	(e) Original principal amount		(f) Balanc	ance due (		(g) In default?		(h) Approved by board or committee?		ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)						-		· ·	. ,						
(2)		_	·				· ·			<u> </u>	L				
(3)	<u>.</u>						_								
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(9) (10)		<del></del>	<del>                                     </del>	+	+					1					
Total			<u></u>	L			. ▶	<u> </u>							
Part	II Grants or As	sistance Bene ne organization	fiting Interest	ed Pe	ersons.			· ·		1					
(a)	Name of interested person		ship between inter and the organization		(c) Amount	t of assistance	. (	d) Type of a	ssistanc	е	(e)	Purpo	se of a	ssistan	ce
_(1)_											ļ				
(2)											-				
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(10)					<del></del>		ь—			_					

(1) Robert Hemenway Director 242,000 Rent (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization' revenues?	
(2) (3) (4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).						Yes	No
(3) (4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).		rt Hemenway	Director	242,000	Rent		✓
(8) (9) 10) Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).				<del></del>			-
(8) (9) (10) Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	( <u>6)</u> (4)				<del></del>	_	-
(8) (9) (10) Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	(5)	<del></del>			······································	<del></del>	
(8) (9) 10) Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	(6)	·			<del></del>		
(8) 9) 10) Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	(7)			<del>-</del>			-
9) 10) Provide additional information for responses to questions on Schedule L (see instructions).	(8)						-
Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).	(9)						
Provide additional information for responses to questions on Schedule L (see instructions).	10)						
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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.

<u>2</u>018

Employer identification number

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

Steps to New Freedom	88-0503207
1. Form 990 governing body review (Part VI, Line 11)	
The members reviewed the return prior to it being filed.	
2. Conflict of interest policy compliance (Part VI, Line 12)	
The Board reviews this policy once a year with all personnel.	
3. CEO, Executive director, top management compensation (Part VI, Line 15a)	
The board reviews and discusses the compensation.	
4. Other officer or key employee compensation (Part VI, Line 15b)	
The Board reviews and discusses this compensation.	
5. Governing documents, etc. available to public (Part VI, Line 19)	
The documents may be inspected at the office of the organization	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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