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SCANNED AUG 2 7 2014

Form 990

Return of Organization Exempt From Income Tax

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.

2013 Open to Public

Open to Public Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change FREESTORE, INC Name change Doing Business As 20-2732304 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin 1020 24TH STREET 515-282-3733 Amended return City or town, state or province, country, and ZIP or foreign postal code 556.541. G Gross receipts \$ Applica-WEST DES MOINES, IA 50266 H(a) Is this a group return pending F Name and address of principal officer. **JEAN** D. SMITH Yes 🗓 No for subordinates? 4816 PLEASANT ST., DES MOINES, 50312 H(b) Are all subordinates included? Yes [Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.THEFREESTORE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: 2005 M State of legal domicile; IA Part I | Summary Briefly describe the organization's mission or most significant activities. TO SUPPORT CHILDREN AND FAMILIES WHO HAVE ESCAPED ABUSIVE SITUATIONS. THE FREESTORE COLLECTS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary). 6 100 7 a Total unrelated business revenue from Part VIII, column (Quine 12 IVED 0. 7a b Net unrelated business taxable income from Form 990-L 0. RS-OSC **Prior Year Current Year** AUG 1 4 2014 Contributions and grants (Part VIII, line 1h) 636,234 <u>548,876.</u> Revenue Program service revenue (Part VIII, line 2g) 6,556. 7,365. Investment income (Part VIII, column (A), lines 3, 4, and 30 DEN 1,202 300. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e 0 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 643,992. 556,541. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 434,251 469,457. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,497. 91,746. 92,341 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 526,592 561,203. Revenue less expenses. Subtract line 18 from line 12 117,400. <4,662.> **Beginning of Current Year End of Year** Total assets (Part X, line 16) 434,180 445,768. 21 Total liabilities (Part X, line 26) 0. 0 Net Net assets or fund balances. Subtract line 21 from line 20 180 768. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SMITH CHAIRPERSON 2014 JEAN D. Here Type or print name and title Date Check PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2013)

Yes

Phone no.

	ort III Statement of Program Service Accomplishments	Page 2
Га		[7
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO SUPPORT CHILDREN AND FAMILIES WHO HAVE ESCAPED ABUSIVE SITUATION	S.
	THE FREESTORE COLLECTS FURNITURE AND HOUSEHOLD GOODS DONATED BY	
	MEMBERS OF THE COMMUNITY AND GIVES THEM (AT NO COST) TO CLIENTS OF	
	DOMESTIC VIOLENCE SERVICES AND OTHER AGENCIES AS THESE FAMILIES BEG	IN
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes," describe these new services on Schedule O	
3		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	š.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$511,567. including grants of \$469,457.) (Revenue \$7,	665.)
	PROVIDING HOUSEHOLD ITEMS AND FURNITURE FREE OF CHARGE TO WOMEN WHE	N
	THEY LEAVE THE DOMESTIC VIOLENCE SERVICES AND OTHER AGENCIES. INCOM	E
	REPRESENTS NON-CASH DONATIONS OF HOUSEHOLD ITEMS AND FURNITURE.	
	EXPENSES REPRESENT THE DISBURSEMENT OF THOSE ITEMS EXCEPT FOR \$42,1	10
	WHICH REPRESENTS THE PURCHASE OF CERTAIN HOUSEHOLD ITEMS NOT BEING	
	DONATED IN SUFFICIENT QUANTITES AND COST OF TRANSPORTING THE ITEMS.	
4b	(Code) (Expenses \$	
	/ / / / / / / / / / / / / / / / / / /	
4-		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	_
<u>4e</u>	Total program service expenses ▶ 511,567.	
33200	Form 9	990 (2013)
10 20		•

Form 990 (2013) FREESTORE, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	-110
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			41
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
•	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	_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI		х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	· · · · · · · · · · · · · · · · · · ·			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			v
_		11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII			•
L	·	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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		1	,,
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) FREESTORE, INC
Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5.000 of grants or other assistance to any domestic organization or government on Part IX, column (A), lin 19 11 "Fex" complete Schedule I, Parts I and III and the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 "Fex"; complete Schedule I, Parts I and III and the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 "Fex"; complete Schedule III and the organization is used at the December \$1, 2002 11 "Fex", answer lines 24th through 24 and complete Schedule IX, If "Not", go to line 25s to line 45s t				Yes	No
22 In the organization report more than \$5,000 of grafts or other assistance to individuals in the United States on Part IX, column (k), in a 27 if "Yes," complete Schedule I, Part I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is and the organization answer "Yes" to Part VII, Section A, tine 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 Is and and the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is and the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is and the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is and 50 to 100 the organization maintain an escrive account other than a refunding secriov at any time during the year? 24a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
column (A), line 2? II "Yes", complete Schedule I, Parts I and III 2		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24e X 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26b Did the organization amantain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization and 501(c)(4) organizations. Did the organization spage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part II" 27c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28c Schedule L, Part II 28c Did 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-E27 If "Yes," complete Schedule L, Part III 28c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employee, or disqualified persons? If so, complete Schedule L, Part IV 28c Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28c A animal of varior appraisable inglight thesholds, conditions, and exceptions). 28c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c A animal of varior and part yo to a business transaction wi	22				
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Schedule J. 23 X. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c Did the organization and act as an on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and 50 fc()(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity that it is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may not the organization spring forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26b 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% contributed arms or applicable fining thresholds, conditions, and exceptional, 27 A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Sch	23				
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b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b	25a			,	••
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b	_		25a		_X_
Schedule L, Part I 25 bith de 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 so, complete Schedule L, Part II 26 X 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 21 Did the organization in equality of transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 22 Did the organization of sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 23 Did the organization of each of transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 24 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 25 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine	D				
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36		330		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37		30		^
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			37		y
Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>		
			38	x	
					(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 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 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year?

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\overline{\mathbf{x}}$
Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		l
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		I
	officer, director, trustee, or key employee?	2	_X_	
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6_		<u>X</u>
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		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		4,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		١,,	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	}	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		L	
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.50	T	
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a			X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	4,
	taxable entity during the year?	16a	 -	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b	L	L
	List the states with which a copy of this Form 990 is required to be filed NONE			
17		t A susulat		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or for public inspection. Indicate how you made these available. Check all that apply.	iiy) avallal	OI U	
40		a a al 8	na:-!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	, and tina	nciai	
20	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and telephone number of the person who possesses the books and records of the organization and the person of	ıızatıon: J		
	3109 MEADOW LANE, WEST DES MOINES, IA 50265			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	more	than o	one	Reportable	Reportable	Estimated
	hours per	box,	box, unless persor officer and a direc			s both	n an	compensation	compensation	amount of
	week (list any							from the	from related	other compensation
	hours for	direct							organizations (W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 :000 100)	organization
	organizations	bust	nal tru		oyee	ошре		,		and related
	below	Individual trustee or director	institutional trustee	ja,	empl	nest co	je.			organizations
	line)	亨	tnst	Officer	Key	Highest compensated employee	ᅙ			
(1) ANDERSON, LAWRENCE	14.00								_	_
TREASURER		X		X				0.	0.	0.
(2) BLAHA, DAVID	8.00									
DIRECTOR		X						0.	0.	0.
(3) BLOOM, JUDITH	20.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(4) SMITH, MICHAEL H.	6.00			l						
VICE CHAIRPERSON	10.00	X		X		├-		0.	0.	0.
(5) SMITH, JEAN D.	12.00									
CHAIRPERSON	10.00	X	_	X		ļ		0.	0.	0,
(6) SWANSON, HAROLD	10.00		ľ							
SECRETARY	00.00	X	<u> </u>	X				0.	0.	0.
(7) SWANSON, THERESA	20.00		İ							
DIRECTOR	0.00	X	-	H		-		0.	0.	0.
(8) HORNER, DENISE	8.00			1			}	1		
DIRECTOR	4 00	X		-	_	┼	├	0.	0.	0.
(9) MUNNS, DIANE	4.00	₩		1						
DIRECTOR		X	-	<u> </u>	-	┼	├-	0.	0.	0.
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	(A) Name and title	(B) Average hours per week (list any	offi	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe compens	t of r
		hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization organization	ition ited
			_					_			+		
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			-	-	_			_			_		_
	Sub-total		1				<u> </u>	>	0.		<u>)</u> .		0.
	Total from continuation sheets to Part \ Total (add lines 1b and 1c) Total number of individuals (including but		hose	- liet	e he	bov	a) w	► ►	0. 0.		0.		0.
	compensation from the organization	THOU INTINGED TO U		- 1131								Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			18, ke	эу өг	mplo	оуее	, or	highest compensated e	employee on		3	х
4	For any individual listed on line 1a, is the sand related organizations greater than \$1:	50,000? If "Yes	, " cc	ompl	ete :	Sch	edul	e J	for such individual	-		4	x
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. tion B. Independent Contractors							reia	eed organization or indiv			5	X
1	Complete this table for your five highest of the organization. Report compensation for										ensat	tion from	
	(A) Name and busines	s address	N	ON	E				(B) Description of	services	Co	(C) mpensat	ion
		·- · · · ·											
											<u>., , </u>		
2	Total number of independent contractors		not l	lmite	ed to		_	ste	d above) who received r	nore than			
	\$100,000 of compensation from the orga	nization 🕨					0				F	orm 99 0	/2013

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII	Form				STORE, IN	IC			20-2732	304 Page 9
Total revenue Redited or prevenue Prev	Pai	t V	Ш	Statement of Rever	nue					
1 a Federated campaigns 1a 1a 1a 1a 1a 1a 1a 1				Check if Schedule O cont	ains a response	or note to any line			(0)	
The Federated Campanges by Memorating dues by Memorating dues continuous descriptions find place of Fundaming events descriptions find place of Fundaming events find place of Fundamin								Related or exempt function	Unrelated business	i irom tax under
2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL c d d d d d d d d d d d d d d d d d d	ts st	1 :	a	Federated campaigns	1a					
Business Code 2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL	our a	1	b	Membership dues	1b					
Business Code 2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL	S, C		С	Fundraising events	1c					
2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL 448000 7,185. 7,185.	ig ig		d	Related organizations	1d					
Business Code 2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL	JS,		e	Government grants (contribut	tions) <u>1e</u>					
Business Code 2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL	i i i		f		1 1					
2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL 448000 7,185. 7,185.	ള			similar amounts not included abo	ve 1f					
Business Code 2 a SERVICES TO OUTSIDE AG b SALE OF PROMOTIONAL CL	95		-		3 1a-1f \$	428,802.	540.056			
2 a SERVICES TO OUTSIDE AG	<u>0</u> 6		<u>h</u>	Total. Add lines 1a-1f	 		548,876.			
b SALE OF PROMOTIONAL CL d d d d d d d d d d		_	_	CEDUTCEC MO OUM	CIDE AC		7 105	7 105		
Total, Add lines 2a2f	vice							1,185.		
Total, Add lines 2a2f	Ser					440000	100.	180.		
Total, Add lines 2a2f	E S		_	· · · · · · · · · · · · · · · · · · ·		-				-
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalities 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses G Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$	Peg									
Total Add lines 2a:2f	P.			All other program service reve	enue					
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > 556,541. 7,665. 0. 0	her		h							
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Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.				·	-					
b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.			-							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. > > 556,541. 7,665. 0. 0	:		b							
10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. 556,541. 7,665. 0. 0				•	ming activities					
b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 556,541. 7,665. 0. 0		1		-	=					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. > 556,541. 7,665. 0. 0				and allowances	a	1-				
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 556,541. 7,665. 0. 0			b	Less. cost of goods sold	t	·				
11 a		<u> </u>	С	Net income or (loss) from sale	es of inventory		. , , , , , , , , , , , , , , , , , , ,			
b		<u> </u>		Miscellaneous Reveni	ue	Business Code				
c d All other revenue e Total. Add lines 11a-11d		11	а							
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 556,541. 7,665. 0. 0			b			ļ	•			ļ
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 556,541. 7,665. 0. 0			C							
12 Total revenue. See instructions. > 556,541. 7,665. 0. 0			_		•		- <u> </u>	<u> </u>		
1 12 TOTAL TEVERNOE. See HISTOCHORS.			_				EE6 F41	7		
F 000 /0040	33200 10-29			TOTAL TEVENUE, SEE INSTRUCTIONS.	·	<u> </u>	330,541.	/,665.	. 0	Form 990 (2013)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	<u>469,457.</u>	469,457.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	i			
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	2,497.			2,497.
13	Office expenses	4,445.		4,445.	
14	Information technology				
15	Royalties				
16	Occupancy	34,036.		34,036.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,423.		6,423.	
23	Insurance	2,235.		2,235.	
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 0.)				
а	PURCHASE OF HOUSEHOLD G	34,787.	34,787.		·
h	TRUCK OPERATIONS AND MA	7,323.	7,323.		
c			,,545.		
d					
	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24e	561,203.	511,567.	47,139.	2,497.
<u>25</u> 26	Joint costs. Complete this line only if the organization	301,2031	JII, JUI.	31,1370	4/3/10
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	- 1000 ming Got 80-2 (AGO 800-720)		·		

Parl	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			178,740.	2	237,406.
	3	Pledges and grants receivable, net		3			
Ì	4	Accounts receivable, net			4		
ŀ	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation					
-		Part II of Schedule L				5	
- }	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
۶	8	Inventories for sale or use			236,120.	8	195,465
	9	Prepaid expenses and deferred charges				9	
- [10a	Land, buildings, and equipment, cost or other					
		basis Complete Part VI of Schedule D	10a	44,467.			
	b	Less: accumulated depreciation	10b	31,570.	19,320.	10c	12,897
	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		
- 1	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	34)	434,180.	16	445,768	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18			
	19	Deferred revenue		ļ		19	
Ì	20	Tax-exempt bond liabilities		1		20	<u></u>
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
		key employees, highest compensated employed	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
- 1	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	s 17-24) Complete Part X of			
		Schedule D				25	
	26	Total habilities. Add lines 17 through 25			0.	26	0
		Organizations that follow SFAS 117 (ASC 95		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.		400 054		404 440
auc	27	Unrestricted net assets			429,854.	27	431,442
Bal	28	Temporarily restricted net assets			4,326.	28	4,326
2	29	Permanently restricted net assets				29	10,000
<u>.</u>		Organizations that do not follow SFAS 117 (A	4SC 95	8), check here 🕨 📖 🏻			
ŏ		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds			30		
Asi	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated ii	ncome,	or other funds		32	
	33	Total net assets or fund balances			434,180.		445,768
	34	Total liabilities and net assets/fund balances			<u>434,180.</u>	34	445,768

Form **990** (2013)

	990 (2013) FREESTORE, INC	20-273	2304	Pag	_{ie} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	434	, 6	03. 62.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				<u> </u>
	column (B))	10	445	.7	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	d on a	Za		
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2b		X
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	2c		—
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	•	За		<u>x</u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

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) nonexempt charitable trust.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

.gov/form990. Inspection

Employer identification number

Dest	Donner 1	FREESTO	RE, INC						2	<u>0-2732</u>	304	
Part I			ty Status (All organiza					ructions				
The organ			because it is: (For lines 1	•		•	•					
1			, or association of churc		ee ni bedr	ction 170(b)(1)(A)(i).					
2			0(b)(1)(A)(ii). (Attach Sch									
3			al service organization d									
4 📖	A medical res	search organization of	perated in conjunction v	with a hos	pıtal descr	ibed in se i	ction 170(b)(1)(A)(iii). Enter 1	the hospital	's nam	10,
	city, and state											
5	An organization	on operated for the I	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describ	ed in		
	section 170((b)(1)(A)(iv). (Comple	te Part II)									
6 🖳	A federal, sta	te, or local governme	ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).					
7 []	An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed i	in
	section 170(l	b)(1)(A)(vi). (Complet	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 [X]	An organizati	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contrib	outions, m	embership	o fees, a	nd gross re	ceipts	from
	activities relat	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	tment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired by	the orga	nızatıon	after June 3	30, 197	⁷ 5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	erated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4).				
11	An organizati	on organized and op	erated exclusively for th	e benefit (of, to perfo	rm the fur	ictions of,	or to carry	out the	purposes o	of one	or
	more publicly	supported organiza	itions described in sectio	on 509(a)(1	l) or sectio	n 509(a)(2) See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1º	1e through	11h						
	a Type I	b	rpe II c 🔙 Ty	/pe III - Fui	nctionally i	ntegrated	d	Тур	e III - No	n-functional	ly integ	grated
е [By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified	persons oth	ner tha	เท
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or	section 509	∂(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	III				
	supporting or	rganization, check th	ns box									
g	Since August	t 17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	wing pers	ons?			
	(i) A person	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons d	escribed i	n (II) and (I	ıı) below	,	Yes	No
	the gove	erning body of the su	apported organization?							11g(i)	<u> </u>	<u> </u>
	(ii) A family	member of a persor	described in (i) above?							11g(ii)	<u> </u>	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)	<u>.l</u>	<u> </u>
h	Provide the fe	ollowing information	about the supported org	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
	anization	(,	(described on lines 1-9		sted in your			organizátic (i) organiz	ed in the		port	,
			above or IRC section (see instructions))	governing	document?	(i) of your	support?	ີ ປ.\$.?			
			(ace manuchona))	Yes	No	Yes	No	Yes	No			
				ļ		ļ						
				l				<u> </u>				
	· 											
Total					}							
					·			·		<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Calester year (or fiscal year beginning in)	Section A. P	ublic Support		·								
Getics grants, contributions, and membership test secewed (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 savinos and savinos			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge The portion of total combutions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract that symbols Section B. Total Support Calendaryers (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Public support from line 4 Sinces income from interest, dividends, payments received on securities, loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support percentage from 2012 Schedule A, Part II, line 14 Solid Sa 31/3% support described solid sol												
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf at one of the paid to or expended on the behalf at the paid to or expended on the behalf and either paid to or expended on the behalf at the paid to the organization without charge 4. Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support 1, Subract line 5 from fine 4. 8 Gross income from interest, dividends, payments received on securities loans, finish, crysities and income from interest, dividends, payments received on securities loans, finish, crysities and income from interest, dividends, payments received on securities loans, finish, crysities and income from interest, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and income from interests, dividends, payments received on securities loans, finish, crysities and finish and finish loans and securities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or on securities loans and finish and finish loans and stop lease. Section C. Computation of Public Support devices, finish loans and stop lease finish loans and stop leas	membership	fees received (Do not			1							
uzation's benefit and either paid to or expended on its behalf of the organization without charge of the organization of policy supported organization of the organization of path organization of the organization organization of the organization	ınclude any	"unusual grants.")										
are respended 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 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) 8 Public support, Subtractinal top interest, dividends, payments received on section B. Total Support Callendaryear (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, reyalties and income from similar sources 9 Nat income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support, Add lines 7 Irrough 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 50ction C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 16 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 17 10% - facts-and-circumstance test - 2013. If the organization of on to check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2013. If the organization of his ordanization meets the "facts and-circumstances test - 2013. If the organization of his ordanization meets the "facts and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test, check this box a	2 Tax revenue	s levied for the organ-										
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		,		•		d line 15 is 33 1/3	% or more checkt	his box				
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		• •	_					▶□				
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	· ·	· · · · · · · · · · · · · · · · · · ·										
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		•										
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions												
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						-	r 17a, and line 15 is	10% or				
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions												
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions												
Schedule A (Form 990 or 990-EZ) 2013												

Schedule A (Form 990 or 990 EZ) 2013 FREESTORE, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Part II.j				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(4)2000	(6) 2010	(0)2011	(4) 2012	(e) 2010	(i) rotai
•	membership fees received (Do not						
	include any "unusual grants ")	448,253.	445,752.	479,694.	636,234.	548,876.	2558809.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,495.	2,666.	3,044.	6,556.	7,365.	23,126.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		:				
-	The value of services or facilities furnished by a governmental unit to the organization without charge	451 740	440 410	400 500	640 700	556 041	0501035
	Total. Add lines 1 through 5	451,748.	448,418.	482,738.	642,790.	556,241.	2581935.
7 a	Amounts included on lines 1, 2, and						•
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						2581935.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	451,748.	448,418.	482,738.	642,790.	556,241.	2581935.
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,085.	833.	2,024.	1,202.	300.	5,444.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9 10c, 11, and 12)	452,833.	449,251.	484,762.	643,992.	556,541.	2587379.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii				
_	check this box and stop here						
Se	ction C. Computation of Publ				<u> </u>		
15	Public support percentage for 2013 (column (f))		15	<u>99.79 %</u>
16	Public support percentage from 2012					16	99.76 %
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage			, ,	
17	•	•	•	ne 13, column (f))		17	.00 %
18	Investment income percentage from	•	•			18	%
19:	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						▶\X]
!	b 33 1/3% support tests - 2012. If the						
~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization of the	л ий посспеск а	DOX OIT IND 14, 19	a, or 190, check th		-	0 or 990-EZ) 2013
					ÇCI.		

Schedule A	(Form 990 or 990-EZ) 2013 FREESTORE,	<u>INC</u>	20-2732304 Page 4
Part IV	(Form 990 or 990-EZ) 2013 FREESTORE, Supplemental Information. Provide the	explanations required by Part II, line 10; Part II, line 17a c	r 17b, and Part III, line 12
	Also complete this part for any additional inform		
	Also complete this part for any additional inform	lation (See instructions).	
			
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
			
		<u> </u>	
			
			
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FDFFCTADF TNO Employer identification number

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	S OF ACCOUNTS Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		or Accounts. Complete if the
	organization anomologi Too to Form 550, Fart 14, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	(b) ches and strict accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the accets held in depart advis	and funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deficit advisor, or for any other purpose	Yes No
Pai		ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizat		artiv, mio /
•	Preservation of land for public use (e.g., recreation or e		starically important land area
	Protection of natural habitat		storically important land area ified historic structure
	Preservation of open space	Fieservation of a cert	med historic structure
2	Complete lines 2a through 2d if the organization held a quali	fied consequation contribution in the form	of a consequation engagement on the last
-	day of the tax year	ned conservation contribution in the form	of a conservation easement on the last
	out of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	20
d	Number of conservation easements included in (c) acquired	' '	
_	listed in the National Register	and of 17700, and not on a motorio structu	2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by the	
	year >	modeso, extinguished, or terminated by the	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abor	•	· · · ·
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
þ	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

	tule D (Form 990) 2013 FREESTO	RE, INC	_				2	0-27	32304	Page 2
Par	III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or Ot	her S	Similar	Asse	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that are a	a signif	icant us	e of its	collection	items
	(check all that apply)·									
а	Public exhibition	d	· 🖳 :	oan or exc	hange programs					
b	Scholarly research	е	. 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organization's e	xempt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other sım	ılar ass	sets		_	
	to be sold to raise funds rather than to be ma								<u> Yes</u>	No_
Par			ete if the	organizatio	n answered "Yes"	to For	m 990, F	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21	<u> </u>					_		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	is or other assets r	not incl	uded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.		-				
									Amount	
C	Beginning balance					ļ	1c			
ď	Additions during the year					Ļ	1d	_		
е	Distributions during the year					ļ	1e			
f	Ending balance					Į	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					<u> </u>	Yes	Щ No
_	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part IV, lin					
		(a) Current year	(b) P	rior year	(c) Two years back	(d)	Three yea	rs back	(e) Four	ears back
1a	Beginning of year balance					_				
b	Contributions									
C	Net investment earnings, gains, and losses					-			-	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses		ļ							
g	End of year balance		1		J		-		l	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posses.	ession of the organiz	ation tha	it are held a	and administered fo	or the c	organiza	tion	Г	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	•							3b	
B 2:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment	runas				_		
Fai) Dort IV	lung 11g C	oo Form 000 Dod	V line	10			
	Complete if the organization answere								(d) Daa!	
	Description of property	(a) Cost or of basis (invest		, , ,) Accu depred	mulated		(d) Book	value
	Lond	Dasis (IIIVest		Dasis	(On lot)	aohiac	JIGNON			
	Land						····			
	Buildings								-	
_	Leasehold improvements	A A	467.			2	1,57		1 ^	2,897.
	Equipment Other		40/.				<u> </u>			,051.
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Par	t X colu	nn (R) line	10(c))				1 2	897.

<u>sche</u>	dule D (Form 990) 2013 FREESTORE, INC		20-2732304 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	itements With Rever	ue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4-1	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	
b	Add lines 4a and 4b	4b	
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		4c 5
	rt XII Reconciliation of Expenses per Audited Financial St		
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	•	nese per ristarii.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
			
C	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	4c
5	· · · · · · · · · · · · · · · · · · ·	8.)	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b,	5

SCHEDULEI (Form 990)

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

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

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service				► Attach to Form 990.	m 990.		ç	Open to Public	blic S
Name of the organization	non	Informati	Information about Schedule (Form 990) and its instructions is at www.irs.gov/10/11990.	Form 990) and its	s instructions is a	WWW.iis.goviloilis	90.	Employer identification number	number
	FREESTORE,	INC	,					20-2732304	304
Part I General In	General Information on Grants and Assistance	nd Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	critena used to award the grants or assistance?	tance?	,		!			X Yes	g
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Ill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	cedures for monit	oring the use of grant Organizations in th	funds in the Unite e United States. C	d States complete if the ords	inization answered ">	res" to Form 990. Part	IV, line 21, for any	
١.	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addit	ional space is need	jed				
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1 2
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government org	janizations listed in the	ie line 1 table			:		
ر ا	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2013)	(2013)

20-2732304 FREESTORE, INC

Page 2

Schedule I (Form 990) (2013) FREESTORE, INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

PART III SCHEDULE I EXPLANATION: THE NUMBER OF RECIPIENTS REPRESENTS FAMILIES. TOTAL

INDIVIDUAL RECIPIENTS IS 641

332102 10-29-13

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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

Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Name	of the o	organization					En	ployer	identificati	on nui	nber
		FREESTORE, I	NC					20	0-2732	304	
Par	₹ ┃	Types of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on			(d) of determin ntribution ai		s
1	Art - Wo	orks of art									
2	Art · His	storical treasures									
3	Art · Fra	actional interests									
4	Books a	and publications									
5	Clothing	g and household goods	X		428,	802.	SALE	OF	SIMIL	AR	ITE
6	Cars an	d other vehicles									
7	Boats a	and planes									
8	Intellect	tual property									
9	Securiti	es - Publicly traded									
10	Securiti	es - Closely held stock									
11	Securiti	es - Partnership, LLC, or									
	trust int	erests									
12	Securiti	es - Miscellaneous									
13	Qualifie	d conservation contribution -									
	Historic	structures									
14	Qualifie	d conservation contribution - Other		, , , , , , , , , , , , , , , , , , , ,							
15	Real es	tate - Residential									
16	Real es	tate - Commercial									
17	Real es	tate - Other									
18	Collecti	bles									
19	Food in	ventory									
20	Drugs a	and medical supplies									
21	Taxider	my									
22	Historic	cal artifacts									
23	Scientif	fic specimens									
24	Archeo	logical artifacts									
25	Other	<u>. =</u>									
26	Other										
27	Other)									
28	Other										
29	Numbe	r of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				•		
	for whice	ch the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29					
		,			,					Yes	No
30a	During	the year, did the organization receive t	oy contributi	on any property re	ported in Part I, line	es 1 - 28, 1	that it mu	st hold	for		
		three years from the date of the initial									
		ire holding period?			•				30a		X
b	If "Yes,	" describe the arrangement in Part II									
31		ne organization have a gift acceptance	policy that i	requires the review	of any non-standa	rd contrib	utions?		31		X
		ne organization hire or use third parties									
		utions?		J	, p. 22320, 2. 001				32a		x
h		" describe in Part II.							020	 	†
33		rganization did not report an amount in	n column (c)	for a type of prope	erty for which colum	ים (a) ופ כ ^ו	necked				
		pe in Part II.	55.5.111 (0)	a 1,00 of prope	, 10: 11:11011 001011	(4) 13 61					
LHA		Paperwork Reduction Act Notice, sec	e the Instru	ctions for Form 9	20.	<u> </u>	, -	Schedi	ule M (Form	9901	(2013)

332141 09-03-13

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

FREESTORE, INC

Employer identification number 20-2732304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FURNITURE AND HOUSEHOLD GOODS DONATED BY MEMBERS OF THE COMMUNITY AND
GIVES THEM (AT NO COST) TO CLIENTS OF DOMESTIC VIOLENCE SERVICES AND
OTHER AGENCIES AS THESE FAMILIES BEGIN INDEPENDENT, PRODUCTIVE LIVES IN
SAFE ENVIRONMENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEW INDEPENDENT, PRODUCTIVE LIVES IN SAFE ENVIRONMENTS. FREESTORE
SERVED 266 CLIENT REQUESTS IN 2013.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: HAROLD SWANSON AND THERESA SWANSON ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: DISTRIBUTED VIA EMAIL TO ALL BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: AVAILABLE UPON REQUEST AND AT GUIDESTAR AT WWW.GUIDESTAR.ORG.
ENFIRMATION. AVAIDADDE OFON REQUEST AND AT GOIDESTAR AT WWW.GOIDESTAR.ORG.