EXTENDED TO NOVEMBER 15, 2018 29493355110128

Return-of Organization Exempt From Income Tax
Under section 5b1(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 and the content of the content / '990 Form

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning and e	ending				
B	Check if	C Name of organization		D Employer identific	cation number		
	Addre	FREESTORE, INC	<u>.                                    </u>				
	Name chang	Doing business as		20-2	732304		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<del></del>		
	Final return/	1020 24TH STREET		515-	282-3733		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 559,057.			
$\perp$	Ameno	WEST DES MOINES, IA 50266		H(a) Is this a group re	turn		
$ldsymbol{le}}}}}}}$	Applic tion pendir	F Name and address of principal officer OEAN D. SMITH	4	for subordinates	? Yes X No		
		14816 PLEASANT ST., DES MOINES, IA 5031		H(b) Are all subordinates in	cluded? Yes No		
		mpt status X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) oi	527	If "No," attach a	list (see instructions)		
		e: > WWW.THEFREESTORE.ORG	<b></b>	H(c) Group exemption			
		organization: X Corporation	L Year	of formation: 2005 N	State of legal domicile: IA		
Pá	art I	Summary					
ė	1	Briefly describe the organization's mission or most significant activities TO SU					
Governance	i	WHO HAVE ESCAPED ABUSIVE SITUATIONS. THE					
ern	1	Check this box 🕨 📖 if the organization discontinued its operations or disposi	ed of more	than 25% of its net as			
õ	1	Number of voting members of the governing body (Part VI, line 1a)		3	<u>11</u>		
∞ಶ	4	Number of independent voting members of the governing body (Part VI, line 16)	5	4	11		
Activities	5	Total number of individuals employed in calendar year 2017 (PARE 0523) VEL Total number of volunteers (estimate if necessary)	-761	5	0		
ξ	6	Total number of volunteers (estimate if necessary)	,  ĕl	6	98		
Ac	/ a	Total unrelated business revenue from Part VIII, column (c) Ine 12	० ।श्री	7a	0.		
	В	Total unrelated business revenue from Part VIII, column (C), Ine 12 Nov 1 9 2011		7b	0.		
Revenue	I	Contributions and grants (Part VIII, line 1h)  OGDEN		Prior Year 561,711.	Current Year 547, 458.		
	I	Program service revenue (Part VIII, line 2g)	-	9,816.	10,086.		
	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	31.	34.		
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.	1,479.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del> </del>	571,558.	559,057.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		471,175.	432,948.		
		Benefits paid to or for members (Part IX, column (A), line 4)	<del></del>	0.	0.		
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ö.	0.		
ĕ	Ь	Total fundraising expenses (Part IX, column (D), line 25)  4,35	54.				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		92,812.	85,233.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		563,987.	518,181.		
	1	Revenue less expenses Subtract line 18 from line 12	<u> </u>	7,571.	40,876.		
Seg			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		403,934.	476,656.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.		
		Net assets or fund balances Subtract line 21 from line 20		403,934.	476,656.		
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other that officer) is based on all information of whi	ich preparer	has any knowledge.			
		Ca a great		Nov.	5,2018		
Sig	n	Signature of officer		Date	,		
Her	e	JEAN D. SMITH, CHAIRPERSON			<del>_</del>		
	_	Type or print name and title					
	_	Print/Type preparer's name Preparer's signature	1	ate Check	PTIN		
Paid		REBECCA E. GARNER KURCIA Dauni	1	12/18 self-employe			
	oarer	Firm's name LWBJ, LLP		Firm's EIN	42-1462849		
use	Only	Firm's address 4200 UNIVERSITY AVE., SUITE 410					
		WEST DES MOINES, IA 50266		Phone no. <b>5 1</b> .	5-222-5680		
May		S discuss this return with the preparer shown above? (see instructions)	-		X Yes No		
7220		17 HA For Panerwork Reduction Act Notice see the congrete instruction			Earm QQA (2017)		

Form 990 (2017) FREESTORE, INC
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Α.	
J	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<u> </u>
•	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	-		
Ŭ	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	Ť	-	
•	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	_ <b>-</b> -		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b> </b>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<b>.</b>
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	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,	16	-	<del>  ^</del>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'8		<del>  ^</del>
	complete Schedule G, Part III	19		x
		· · · · · · · · · · · · · · · · · · ·	990	(2017)

# Part IV Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
Ъ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ŀ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
27	complete Schedule L, Part II	26		^
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			**
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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	37	<u> </u>	X
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	
		Form	990	(2017)

Form	990 (2017) FREESTORE, INC	20-2732	304	Р	age 5
Pai	t 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	1a   O			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	1		1
	(gambling) winnings to prize winners?		1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retui		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts			
	were not tax deductible?	g	6b		ł
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c	E	х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	· · · · · · · · · · · · · · · · · · ·	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		<u> </u>		
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	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	1		1
11	Section 501(c)(12) organizations. Enter	<u> </u>	1		
а	Gross income from members or shareholders	11a			1
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them)	11b			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	l	1
	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.		100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				1
5	organization is licensed to issue qualified health plans	13b			ł
~	Enter the amount of reserves on hand	13c	1		ł
	Did the organization receive any payments for indoor tanning services during the tax year?	130	44-	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	۰.0	14a		
	190, 1900 K mod a Form 120 to report these payments ( if 190, provide an explanation in Schedul	<u> </u>	14b Form	990	/2017
			LOUL	JUCC	(2017)

Form 990 (2017) FREESTORE, INC 20-2732304 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  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section 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 11 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 0. 11 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states with whi	ich a copy of this Form 990 is	s required to be filed $ hicktriangle$	NONE	
18	Section 6104 requires	an organization to make its Fe	orms 1023 (or 1024 if appli	icable), 990, and 990-T (Section 50	)1(c)(3)s only) available
	for public inspection Ir	ndicate how you made these	available. Check all that ap	pply	
	Own website	X Another's website	X Upon request	Other (explain in Schedule	: O)
10	Describe in Schedule (	) whether (and if so, how) the	organization made its gov	erning documents, conflict of inter	rest policy and financia

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20	State the name, address, and telephone number of the person who possesses the organiz.	ation's books and records: 🕨
	LAWRENCE ANDERSON - 515-225-6751	

3109 MEADOW LANE, WEST DES MOINES, IA 50265

Form 990 (2017)

# 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)			_ (0	<b>&gt;</b> )			(D)	director, or trustee (E)	(F)
Name and Title	Average	/da		Posi	ition	than	000	Reportable	Reportable compensation	Estimated amount of
	hours per	box	, unle	ss pe	rson	is boti	h an	compensation		
	week	├	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto					l	the	organizations	compensation
	hours for related	p 30 a	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(44-27 1033-141130)	1	and related
	below	dual	nga nga	-	Key employee	stco				organizations
	line)	Maga	la str	Officer	Keye	Highest compensated employee	Former			
1) ANDERSON, LAWRENCE	20.00									
REASURER		X		X				0.	0.	0
2) BLAHA, DAVID	10.00									
DIRECTOR		X						0.	0.	0
3) BLOOM, JUDITH	24.00									
DIRECTOR		X					L.	0.	0.	0
4) SMITH, MICHAEL H.	10.00									
DIRECTOR		X		X				0.	0.	0
5) SMITH, JEAN D.	20.00									
CHAIRPERSON		X		X				0.	0.	0
6) SWANSON, HAROLD	20.00									
SECRETARY		X	<u> </u>	X				0.	0.	0
7) SWANSON, THERESA	24.00	1								
DIRECTOR		X	ļ	<u> </u>		<u> </u>		0.	0.	0
8) MUNNS, DIANE	4.00	1	1							
DIRECTOR		X						0.	0.	0
9) RATHJE, MARTIN	15.00	]	Ì		Ì		1			
VICE CHAIRPERSON		X	Ļ			ļ		0.	0.	0
10) DEAN, CHRISTOPHER	4.00	1						_		_
DIRECTOR		X	<u> </u>				_	0.	0.	0
(11) MCGREW, RACHEL	4.00						}			_
DIRECTOR		X	<u> </u>		_	ļ	<u> </u>	0.	0.	0
		<u> </u>	_	ļ			L.			
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<u> </u>		<u> </u>	ـــ	-		ـــ	<u> </u>			
		1	1							

Form 990 (2017)

<u> </u>	(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		_
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)		comp fro orgai	ensat m the nizati relate	on ed
						_								<del>-</del>
			_											
			-		i	,								
				_				\					_	
_														
	Sub-total		_	ļ .					0.		).			0.
С	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A						<b>&gt;</b>	0.	(	).			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no re	eceived more than \$100	0,000 of reportable				0
3	Did the organization list any former office			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	Γ	7	Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le c						,	the organization		4		<u>х</u> х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsat	ion 1	from	any	y uni			idual for services		5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c							ors t	that received more than	\$100,000 of compo	ensat	tion fro	om	
	the organization Report compensation fo (A) Name and busines					vith	or w	<u>rithir</u>	n the organization's tax (B)  Description of			(C)		
	Name and busines	3 8001033	N	IMC	<u> </u>				Description	Services		inpen.		
											<del></del>		_	•
	,										_			
	Total number of independent contractors	(including but i	not !	mite	ed to	tho	ا مور	ster	d above) who received r	nore than				
_	\$100,000 of compensation from the organ						0				F	orm 9	90 (2	2017)

Form 990 (2017) FREESTORE, 20-2732304 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 547,458 similar amounts not included above 452,513 Q Noncash contributions included in lines 1a-1f \$ 547,458 Total. Add lines 1a-1f Business Code 9,991 9,991 2 a SERVICES TO OUTSIDE AG 624200 Program Service Revenue SALE OF PROMOTIONAL CL 448000 f All other program service revenue 10,086 Total. Add lines 2a-2f Investment income (including dividends, interest, and 34 34 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 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 (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses 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 **Business Code** Miscellaneous Revenue 1,479 11 a OTHER INCOME 900099 1,479.

0.

<u>1,479</u> 559,057.

599

Total revenue See instructions

d All other revenuee Total. Add lines 11a-11d

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A).	
Do .	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			•	
2	Grants and other assistance to domestic		ľ		
	individuals See Part IV, line 22	432,948.	432,948.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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)				<del></del>
9	Other employee benefits			<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				-
b	Legal			<del></del>	
C	Accounting				
	Lobbying Professional fundament converse See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11s amount exceeds 10% of line 25			<del></del>	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
40	Advertising and promotion	4,354.			4,354.
12	Office expenses	3,371.		3,371.	4,334.
13 14	Information technology				
15	Royalties				
16	Occupancy	40,194.		40,194.	
17	Travel	10/174.		10,151.	
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,175.		2,175.	
23	Insurance	2,908.		2,908.	
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	13,288.	13,288.		
b	DRESSER PROJECTS	11,571.	11,571.		
С	TRUCK OPERATIONS AND MA	7,372.	7,372.		
d					
е	All other expenses				<u> </u>
25	Total functional expenses Add lines 1 through 24e	518,181.	465,179.	48,648.	4,354.
26	Joint costs Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 245,783 2 Savings and temporary cash investments 2 293,695 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 177,429. Inventories for sale or use 150,444. 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 56,335. basis Complete Part VI of Schedule D 10a 50,803. 7,707. 5,532. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 403,934 476,656. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 Ō. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 389,608. 27 Unrestricted net assets 462,330. 4,326. 28 Temporarily restricted net assets 4,326.

> 476,656. Form 990 (2017)

<u>476,656.</u>

10,000.

10,000.

403,934

403,934

29

30

31

32

33

34

31

32

33

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

· Form	990 (2017) FREESTORE, INC	20-2732	304	Page 12				
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 559</u>	<u>,057.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	403	<u>,934.</u>				
5	Net unrealized gains (losses) on investments	5	31	,846.				
6	Donated services and use of facilities	6		<u> </u>				
7	Investment expenses	7		<u>.</u>				
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,							
	column (B))	10	476	<u>,656.</u>				
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				res No				
1	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	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
þ	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1					
	consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		ı				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	$\perp$				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt						
	Act and OMB Circular A-133?		3a	X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	<b>990</b> (2017)				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-2732304 FREESTORE INC Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated.
 ☐ Type I. A supporting operated.
 ☐ Type I. A supporting operated.
 ☐ Type the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 🔟 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 FREESTORE, INC 20-2732304 Page 2 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 \

	lais to quality under the tests	ilisted below, plea		··· <i>)</i>		<del></del>	
Sec	tion A. Public Support			7		<b>1</b>	<del></del>
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")			_			
2	Tax revenues levied for the organ-				ļ		
	ization's benefit and either paid to			}		1	
	or expended on its behalf						/
3	The value of services or facilities					/	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			!	į	/	
	by each person (other than a				•	/	
	governmental unit or publicly				1	/	
	supported organization) included	'				/	
	on line 1 that exceeds 2% of the	l l				/	
	amount shown on line 11,					1	
	column (f)				/		
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support		<u>-</u>			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4						<u> </u>
8	Gross income from interest,				/		
	dividends, payments received on				/		
	securities loans, rents, royalties,			/			
	and income from similar sources			ļ/			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital		1	/	İ		
	assets (Explain in Part VI)		,	/			
	<b>Total support.</b> Add lines 7 through 10					<del> </del>	
	Gross receipts from related activities,	•	· /			12	
13	First five years. If the Form 990 is fo	=	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
<u>S</u>	organization, check this box and storection C. Computation of Publ		roontaño		<del></del> -		<u> </u>
			<del></del>				
	Public support percentage for 2017 (		, -	column (f))		14	
	Public support percentage from 2016		/		44 - 00 4/00/	15	<u>%</u>
168	33 1/3% support test - 2017. If the	_	/		14 IS 33 1/3% OF I	nore, check this be	ox and
	stop here. The organization qualifies		_			/ a abaal. M	<b>▶</b>
D	33 1/3% support test - 2016. If the				1 line 15 is 33 1/3%	6 or more, check to	nis dox
4	and stop here. The organization qual	<i>,</i> -	-		40.40405		
1/a	10% -facts-and-circumstances tes	,					
	and if the organization meets the "fac	,				irt vi now the orgai	nization
	meets the "facts-and-circumstances"	1 -			_		▶□
b	10% -facts-and-circumstances tes	,					
	more, and if the organization meets the	/					. —
	organization meets the "facts-and-circ	,	_	•	•		<b>▶</b> ;
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17			
		/			Sch	edule A (Form 990	or 990-EZ) 2017
	/						
	/						

732022 10-06-17

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	ciow, piodoc comp	note r uit ii j						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not								
	include any "unusual grants ")	548,876.	614,815.	498,373.	561,711.	547,458.	2771233.		
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	7,365.	9,415.	13,575.	9,816.	10,086.	50,257.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	556,241.	624,230.	511,948.	571,527.	557,544.	2821490.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
t	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.		
	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6)						2821490.		
	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9	Amounts from line 6	556,241.	624,230.	511,948.	571,527.	557,544.	2821490.		
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36.	22.	31.	31.	34.	154.		
ŧ	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
•	Add lines 10a and 10b	36.	22.	31.	31.	34.	154.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is				:				
40	regularly carried on Other income Do not include gain	264.					264.		
12	or loss from the sale of capital assets (Explain in Part VI)					1,479.	1,479.		
	Total support. (Add lines 9, 10c, 11, and 12)	556,541.	624,252.	511,979.		559,057.	2823387.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,		
_	check this box and stop here		<u>-</u>						
_	ction C. Computation of Publ								
	Public support percentage for 2017 (		-	column (f))		15	99.93 %		
	Public support percentage from 2016					16	99.95 %		
	ction D. Computation of Inves		<del>-</del>	40 1 10			01		
		income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17  .01 %							
		vestment income percentage from 2016 Schedule A, Part III, line 17  18  18  . 05  % 3 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
197	more than 33 1/3%, check this box a	•		•		· ·	/ is not ►X		
ŧ	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,			
00	line 18 is not more than 33 1/3%, che					-			
20	Private foundation. If the organization	n did not check a	DOX ON line 14, 19	a, or 19b, check th	is box and see ins	structions			

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2	-	
За		
oa		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
9a	<u> </u>	<u> </u>
9b		<del></del>
0-		
9c		
_10a		
		<del></del>
10b		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	rt \	V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	_[	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov 20, 1970 (explain in	Part VI) See instructions. All
		other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Secti	ion	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	N	et short-term capital gain	1		
2	R	ecoveries of prior-year distributions	2		
3	_0	ther gross income (see instructions)	3		
4		dd lines 1 through 3	4		
5	D	epreciation and depletion	5		
6	P	ortion of operating expenses paid or incurred for production or			T
		ollection of gross income or for management, conservation, or			
	m	naintenance of property held for production of income (see instructions)	6		
7		ther expenses (see instructions)	7		
8	 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect		n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Α	ggregate fair market value of all non-exempt-use assets (see			
	ın	structions for short tax year or assets held for part of year)			
a		verage monthly value of securities	1a		
b	Α	verage monthly cash balances	1b		
С	F	air market value of other non-exempt-use assets	1c		
d	Τ.	otal (add lines 1a, 1b, and 1c)	1d		
е	D	Discount claimed for blockage or other			
	fa	actors (explain in detail in Part VI)			
2	Α	cquisition indebtedness applicable to non-exempt-use assets	2		
3	s	ubtract line 2 from line 1d	3		
4	C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		,	
	S	ee instructions)	4		
5 '	N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	N	fultiply line 5 by 035	6		
7	_	ecoveries of prior-year distributions	7		,
8	N	finimum Asset Amount (add line 7 to line 6)	8		
Sect	tior	n C - Distributable Amount			Current Year
1	 A	djusted net income for prior year (from Section A, line 8, Column A)	1	,	<u> </u>
2	E	nter 85% of line 1	2		
3	N	finimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		nter greater of line 2 or line 3	4		
5		ncome tax imposed in prior year	5		
6		Distributable Amount. Subtract line 5 from line 4, unless subject to			
		mergency temporary reduction (see instructions)	6		
7	[	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting or	ganization (see
		instructions).	. •		- -

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	zations, in excess of income from activity			<u> </u>
3	Admir	nistrative expenses paid to accomplish exempt purpose	s		
4	Amou	ints paid to acquire exempt-use assets		- <del></del>	
5		ied set-aside amounts (prior IRS approval required)		<del></del>	
6	Other	distributions (describe in Part VI) See instructions			
7	Total	annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8		outions to attentive supported organizations to which the	•		
		de details in Part VI) See instructions			
9		outable amount for 2017 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distrit	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.		<del></del> = <del>-</del>	
3_	Exces	ss distributions carryover, if any, to 2017			
а					
<u>b</u>	From	2013			<del></del>
_с	From	2014		· <del></del>	
	From				
	From	· · · · · · · · · · · · · · · · · · ·	_		
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
<u> </u>		over from 2012 not applied (see instructions)			
_i_		ainder. Subtract lines 3g, 3h, and 3i from 3f			
4		hutions for 2017 from Section D,			
	line 7	<del></del>		<del> </del>	
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		ainder. Subtract lines 4a and 4b from 4.	-		
5		aining underdistributions for years prior to 2017, if			
	-	Subtract lines 3g and 4a from line 2 For result greater			
	_	zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		VI See instructions ss distributions carryover to 2018. Add lines 3	<u> </u>	<del></del>	
7					
_	and 4	kdown of line 7.	<del></del>		
8		ss from 2013			
		ss from 2014			
		ss from 2015	<del></del>		· · · · · · · · · · · · · · · · · · ·
		ss from 2016	<u> </u>		
		ss from 2017			
~		00 HOHE 2017	İ	İ	l .

Schedule A (Form 990 or 990-EZ) 2017

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FREESTORE, INC

**Employer identification number** 20-2732304

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	f funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	3 3	-
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
<b>5</b>	impermissible private benefit?		Yes No
Par			rt IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e g , recreation or e	· —	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements	usture realized of the (a)	2b
2	Number of conservation easements on a certified historic str	` '	
d	Number of conservation easements included in (c) acquired a listed in the National Register	arter 7/25/06, and not on a historic structure	7   2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the s	<u> </u>
3	year	leased, extinguished, or terminated by the c	nganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements if	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
Ŭ	<b>&gt;</b>		, can on case me and game , can
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$	<b>3</b>	3 1,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on 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 stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>→</b> \$

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

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 FREESTOR								Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or Otl	ner Simil	ar Asse	ts <sub>(contint</sub>	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	c	י וַיַי	oan or exc	hange programs				
b	Scholarly research	€	. []	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	in how the	ey further tl	he organization's ex	empt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or				·	ar assets	_	7	_
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	<del>-</del>							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	is or other assets n	ot included		٦	<u> </u>
_	on Form 990, Part X?						L	」Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing to	able					
						-		Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>	_		<del></del>
f	Ending balance	000 D-4V 1				<u>1f</u>	L.———	٦.,	<u> </u>
2a	Did the organization include an amount on Fo						L	Yes	⊢ No
	rt V Endowment Funds. Complete if								<u> </u>
T ai	Lindownient i dinas. Complete ii				(c) Two years back		vaare back	(a) Four	years back
4	Reginning of year balance	(a) Current year	(6) PI	nor year_	(C) I WO YEARS DACK	(a) Tillee	years back	(e) Foul	years back
1a	Beginning of year balance	<del></del>				+			
0	Contributions	· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>			
5	Net investment earnings, gains, and losses Grants or scholarships	<del></del> -	<del> </del>	<del></del>	<del>                                       </del>	<del> </del>			_
0	Other expenditures for facilities		<u> </u>		-	<del>                                     </del>			
е	and programs								
f	Administrative expenses								
•	End of year balance					<del>                                     </del>			
9 2	Provide the estimated percentage of the curr	ent year end halan	ce (line 1	column (	a)) hold as		<del></del>	l	<del>_</del>
_	Board designated or quasi-endowment	ent year end balant	% %	y, coluitiit (e	ajj field as.				
a b	Permanent endowment	%	′°						
0	Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posse		ration tha	t are held a	and administered for	the organ	zation		
Ja	ph.	oolon or the organiz	-ation tha	t are more a	ina administrator	ino organ	241011	٦.	Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(II)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R?	•			3b	
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered		0, Part IV	, line 11a S	See Form 990, Part	X, line 10			
	Description of property	(a) Cost or o				Accumulat	ed	(d) Book	value
		basis (invest	ľ		' '	lepreciation		,	
1a	Land								
	Buildings								
	Leasehold improvements								
ď	_	56.	335.			50,8	03.		5,532.
	Other		<del></del>						
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Par	t X. colun	n (B) line	10c)		<b>•</b>		5,532.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FREESTORE, INC		20-2732304 Page 4
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Reveni	ue per Return.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statem	ents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
<b>b</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:		
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
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I		5
Part XII Reconciliation of Expenses per Audited Finan	cial Statements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a	
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		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
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part	: I, line 18 )	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4; Part IV, lines 1b and 2b, F	Part V, line 4, Part X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional information	
•		
		<del></del>
732054 10-09-17		Schedule D (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. LNC FREESTORE, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047	2017	Open to Public	Inspection

2 [ **Employer identification number** 20-2732304 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I

Schedule I (Form 990) (2017)

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

20-2732304

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSEHOLD ITEMS FOR VICTIMS OF DOMESTIC VIOLENCE	229		425,528,DTHER		HOUSEHOLD ITEMS
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2:				;	
ALL GRANTS ARE NON-CASH HOUSEHOLD ITEMS GIVEN DIRECTLY TO FAMILIES	ITEMS GIV	ZEN DIRECT	LY TO FAMI)	LIES AS THEY	
LEAVE DOMESTIC VIOLENCE SERVICES AND OTHER	ND OTHER	AGENCIES.			

THE NUMBER OF RECIPIENTS REPRESENTS FAMILIES. TOTAL INVIDIDUAL

RECIPIENTS IS 662.

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**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.

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

Open To Public Inspection

Name of the organization

Employer identification number 20-2732304 FREESTORE, INC

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining atribution amo	
1	Art - Works of art					<del></del>	
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		452,513.	SALES OF	SIMILA	R ITE
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests	ļ					
12	Securities - Miscellaneous		ļ		<b></b>		
13	Qualified conservation contribution -		ĺ				
	Historic structures		,				
14	Qualified conservation contribution - Other		<i>'</i>				
15	Real estate - Residential	<u> </u>					
16	Real estate - Commercial		<u> </u>		ļ <u></u> -	<del> </del>	
17	Real estate - Other						
18	Collectibles			<del> </del>	-		
19	Food inventory	ļ					
20	Drugs and medical supplies				<del></del> -		
21	Taxidermy						
22	Historical artifacts		<del> </del>				
23	Scientific specimens						
24	Archeological artifacts		<del> </del> -				
25	Other ( )	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
26 27	Other () Other ()				-		
28	Other (		<del> </del>				
29	Number of Forms 8283 received by the organ	ization durin	o the tax year for	contributions	<u> </u>		
20	for which the organization completed Form 82		-				
				20 1		Y	es No
30a	During the year, did the organization receive b	v contributi	on any property re	ported in Part I, lines 1 throu	igh 28, that it		- 1
•••	must hold for at least three years from the dat						
	exempt purposes for the entire holding period					30a	х
ь	If "Yes," describe the arrangement in Part II						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31	x
	Does the organization hire or use third parties	-		•			
-5-0	contributions?		. 3	, p. 00000, 51 0011 110110001	•	32a	x
ь	If "Yes," describe in Part II					720	<del></del> -
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is chi	ecked.		
-	describe in Part II		1,50 01 510501	., Willow Solution (a) 10 of th	,		

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

Schedule M (Form 990) 2017

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Schedule M (Form 990) 2017

## **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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 229 CLIENT REQUESTS AND 54 AGENCY REQUESTS IN 2017.
FORM 990, PART VI, SECTION A, LINE 2:
HAROLD SWANSON AND THERESA SWANSON ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
DISTRIBUTED VIA EMAIL TO ALL BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST AND AT GUIDESTAR AT WWW.GUIDESTAR.ORG.