Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6 Month Extension of Time. Only submit existing (no senior peeded)

Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
	rations required to file an income tax return other than Fo		,	s. RFMICs	s, and trusts	
•	Form 7004 to request an extension of time to file incom			-, <u>-</u>	,, a	
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification numb	oer (TIN)
print						
File by the	FREE TO THRIVE				82-086089	94
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1050 UNIVERSITY AVENUE, STE					
instructions.	City, town or post office, state, and ZIP code. For a for SAN DIEGO, CA 92103	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			. 0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)			09		
Form 990)-PF	04	Form 5227		10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above) JAMIE BECK	06	Form 8870			12
Teleph If the o	books are in the care of \blacktriangleright $\frac{1050 \text{ UNIVERSITY}}{100000000000000000000000000000000000$	s in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole group, o	
the ▶ ▶	quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization graph or tax year beginning tax year entered in line 1 is for less than 12 months, concluding control or change in accounting period	anization's	return for:	the exem	npt organization retu ·	urn for
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			0
	/ nonrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•				Λ
	imated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•	• • •			0
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	. =	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct del	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO fo	r payment

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

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

Open to Public Inspection

A I	For the	e 2020 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer identifi	cation number			
Г	Addre								
F	Name				82-08608	94			
Ē	Initial return	/	ivered to street address)	Room/suite					
	Final return	1050 IINTVERSTEV AVENUE			619-684-				
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	955,644.			
	Amen return	SAN DIEGO, CA 92103			H(a) Is this a group r	eturn			
	Application	F Name and address of principal officer: UAII			for subordinates	s? Yes X No			
	pendi	1000 ONIVERSITY AVENUE +	<u>‡E107-84, SAN DI</u>	EGO,	H(b) Are all subordinates i	ncluded? Yes No			
				or 527	If "No," attach a	list. See instructions			
		te: WWW.FREETOTHRIVE.ORG			H(c) Group exemption				
		organization,	sociation Other	L Year	of formation: 2017 ı	M State of legal domicile: CA			
Pa	art I	Summary							
ø	1	Briefly describe the organization's mission or most							
Governance		SURVIVORS OF HUMAN TRAFFIC							
ern	2	Check this box if the organization discor			1 -	1			
<u>3</u> 6	3	Number of voting members of the governing body (3	5 5			
	1 .	Number of independent voting members of the gov				0			
ties		Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary)				0			
Activities &		Total unrelated business revenue from Part VIII, col				0.			
Ą		Net unrelated business taxable income from Form 9				0.			
		The difference business taxable moome from terms	000 1,1 (1111) 1110 11		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)			502,462.	857,904.			
nue	9				228,237.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			103.	103.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			38,360.	76,043.			
	1	Total revenue - add lines 8 through 11 (must equal			769,162.	934,050.			
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
S	15	Salaries, other compensation, employee benefits (F			345,126.	678,513.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.			
xpe	b	Total fundraising expenses (Part IX, column (D), line	•	0.					
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			83,597.	126,098.			
	1	Total expenses. Add lines 13-17 (must equal Part I)			428,723.	804,611.			
	19	Revenue less expenses. Subtract line 18 from line	12		340,439.	129,439.			
Net Assets or		T. I. (D. I.V.); 40)		В	eginning of Current Year 538,066 •	End of Year 852,421.			
SSE	20	Total liabilities (Part X, line 16)			8,159.	98,375.			
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	lina 20		529,907.	754,046.			
	art II	Signature Block	III 16 20		32373071	73170101			
		alties of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is			
	•	ct, and complete. Declaration of preparer (other than office				,			
	,								
Sig	n	Signature of officer			Date				
Her		JAMIE BECK, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN			
Paid		SCOTT M. LYONS, CPA			"self-employed P00370277				
	parer	Firm's name LYONS ACCOUNTANCY			Firm's EIN ▶	33-0671936			
Use	Only	Firm's address 7964 ARJONS DR. S				0 260 1222			
_		SAN DIEGO, CA 923			Phone no. 85	8-362-1099			
May	the II	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No			

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	_
	FREE TO THRIVE EMPOWERS HUMAN TRAFFICKING SURVIVORS TO BE FREE AN	D
	THRIVE BY PROVIDING THEM	
	WITH LEGAL SERVICES AND CONNECTIONS TO OTHER SUPPORT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	
	revenue, if any, for each program service reported.	300, arra
4a	F20 FC0	
Tu	FREE TO THRIVE LEGAL CLINIC - PROVIDE LEGAL SERVICES AND CONNECTI	ONS TO
	SUPPORT HUMAN TRAFFICKING SURVIVORS.	0110
	DOITORT HOMAN TRAFFICKING DORVIVORD.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
-ru		
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 732,762.	
1 6		orm 990 (2020)
	Г	UIIII (2020)

09271115 769595 F033

Form 990 (2020) FREE TO THRIVE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
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_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2020) FREE TO THRIVE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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>X</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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			7.7
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Estable musels and the Bourge of Form 1000 Fater Office and 1000 F		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ia O Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b O			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c		
032004	4 12-23-20		990	(2020)

Form 990 (2020) FREE TO THRIVE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	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?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b	•		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		l _		
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	١		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization life roll of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the area of the control of the control of the first		9a		
b			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			
11	Section 501(c)(12) organizations. Enter:				
а	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
			14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the against in subject to the certain 4000 toy on payment(s) of mark then \$1,000,000 in representations.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration payment(s) during the year?		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.		10		<u> </u>
	ii 103, complete i omi 4720, conedule O.		Eorn	990	(2020)

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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 Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 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? The organization's CEO, Executive Director, or top management official X 15a Х 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records JAMIE BECK - 619-684-0025

Form **990** (2020)

1050 UNIVERSITY STE E107-84, SAN DIEGO,

Form 990 (2020) FREE TO THRIVE 82-0860894 Page 7

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than box, unless person is bot officer and a director/trus				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMIE BECK	40.00			.,				127 500	•	•
MANAGING ATTORNEY	2 00			Х		┢		137,500.	0.	0.
(2) KAREN HENKEN	3.00	4		,,					_	0
BOARD MEMBER	1 2 00	<u> </u>		Х		<u> </u>		0.	0.	0.
(3) KATHERINE BRANER VICE CHAIR	3.00			х				0.	0.	0.
(4) MEGHAN SPIEKER	3.00					\vdash		•	0.	0.
BOARD CHAIR	3.00	1		х				0.	0.	0.
(5) MEHRY MOHSENI	3.00					\vdash		•	•	•
SECRETARY	3,00	1		х				0.	0.	0.
(6) MARY KATHRYN KELLEY	3.00					T				
BOARD MEMBER		Х						0.	0.	0.
(7) NATHAN CRAIG	3.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(8) FRANCIS PICKFORD	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROGER MARTIN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) VINCENT HALL	3.00									
TREASURER				Х				0.	0.	0.
		_								
032007 12-23-20	·	_	_	_		_				Form 990 (2020)

	990 (2020) FREE TO 7	THRIVE								82-08	608	94	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	Pos (do not check box, unless pe officer and a co			than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amo	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	I .		
1b	Subtotal					<u> </u>	<u> </u>	▶	137,500.		0.		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A						>	137,500.		0.		0.
2	Total number of individuals (including but no compensation from the organization							o re					1
3	Did the organization list any former officer,												es No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services		5	Х
	tion B. Independent Contractors									100 000 of come		6	
	Complete this table for your five highest conthe organization. Report compensation for to (A)	· ·	-							•	ensauc	(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Coi	mpens	ation
	Total number of independent contractors (in	acluding but a	at lin	nitor	1 +0 -	thoo	o lic	tod	above) who received ma	ore than			
	\$100,000 of compensation from the organization	· ·	J. 1111	int o C		(icu	above, who received file	no triari			

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			, ····	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-	b Membership dues 1b					
ي ق		c Fundraising events 1c					
ifts r A		d Related organizations 1d					
nia G			305,000.				
Sir		f All other contributions, gifts, grants, and	, , , , , , , ,				
je je			552,904.				
草草		Noncash contributions included in lines 1a-1f	11,900.				
Sor		n Total. Add lines 1a-1f		857,904.			
<u> </u>			Business Code	·			
Program Service Revenue	2	a					
		b					
Ser							
E S		d					
Beg		e					
P.	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)	🕨	305.			305.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 6,770.					
		b Less: cost or other basis					
nue		and sales expenses 76 6,972.					
š		c Gain or (loss) 7c -202.		202	202		
her Revenue		d Net gain or (loss)	>	-202.	-202.		
Othe	8	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See	00 665				
		b Less: direct expenses8b	14,622.	76 042			76 042
		Net income or (loss) from fundraising events		76,043.			76,043.
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10	and allowances					
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
-		The time of the service of the servi	Business Code				
Snc	11 :	a					
ne		<u> </u>					
ella							
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		934,050.	-202.	0.	76,348.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 137,000. 137,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 489,135. 489,135. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 52,378. 52,378. 10 Payroll taxes Fees for services (nonemployees): Management Legal 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,651. 2,651. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 2,641. 2,641. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,205. 2,205. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 25,626. 25,626. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,385. 14,385. DUES & SUBSCRIPTIONS 11,946. COURT COSTS/CASE EXPENS 11,946. 11,900. 11,900. IN KIND SERVICES/FACILI 11,519. 11,519. CONTRACT SERVICES 37,225. 23,189.14,036. All other expenses 804,611. 732,762. 71,849. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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Form 990 (2020) Part X | Balance Sheet

Part .	X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		538,066.	1	608,889
	2	Savings and temporary cash investments			2	110
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ž	9				9	3,016
1	10a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
1	11	Investments - publicly traded securities			11	
1	12	Investments - other securities. See Part IV, lin			12	
1	13	Investments - program-related. See Part IV, lin	ne 11		13	
1	14	Intangible assets		14		
1	15	Other assets. See Part IV, line 11		0.	15	240,406
1	16	Total assets. Add lines 1 through 15 (must e			16	852,421
1	17	Accounts payable and accrued expenses			17	
1	18	Grants payable		18		
1	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complet	te Part IV of Schedule D		21	
န္မ 2	22	Loans and other payables to any current or fo				
		trustee, key employee, creator or founder, sul				
<u>a</u>		controlled entity or family member of any of the			22	
- 2	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
2	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lir	, '	0.150		00 275
						98,375
- 2	26	Total liabilities. Add lines 17 through 25		8,159.	26	98,375
ړ		Organizations that follow FASB ASC 958, c	heck here			
<u>ا ۋ</u>	_	and complete lines 27, 28, 32, and 33.				
<u>a</u> 2	27	Net assets without donor restrictions			27	
<u>n</u> 2	28	Net assets with donor restrictions			28	
<u> </u>		Organizations that do not follow FASB ASC	958, check here ► \L			
_		and complete lines 29 through 33.		0		0
) <u>1</u> 2	29	Capital stock or trust principal, or current fund				0
SS 3	30	Paid-in or capital surplus, or land, building, or			30	754 046
ا ب	31	Retained earnings, endowment, accumulated			31	754,046
_	32	Total net assets or fund balances			32	754,046
3	33	Total liabilities and net assets/fund balances		538,066.	33	852,421 Form 990 (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	9,9	07.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9	4,7	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	75	4,0	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	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 C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

.

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Name of the organization

Inspection
Employer identification number

		FREE	TO THRIVE					8	2-08608	394
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)				
3	\Box	A hospital or a cooperative		•			i).			
4	一	A medical research organization					•	l(iii). Enter	the hospital's	name.
		city, and state:	,	,			()(-)(-)	(<i>)</i> -		,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ad in	
J	ш	section 170(b)(1)(A)(iv). (C		logo or armyorolly owned	or operati	ou by a go	vorminorital ai	iii docorio	7 4	
6				antal unit described in	ootion 17	70/b\/4\/A\/	(A)			
7	X	A federal, state, or local gov	-						مانده ما ما المادد	a al :.a
′		An organization that norma	•	itiai part of its support if	om a gove	mmentart	unit or from th	le general p	Jublic describ	ea m
•		section 170(b)(1)(A)(vi). (C		44444 10 (0)						
8	H	A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	: or	
		university:								
10	Ш	An organization that norma								
		activities related to its exem		•					-	
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30,	1975.
		See section 509(a)(2). (Cor	mplete Part III.)							
11	닏	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to car	rry out the	purposes of c	ne or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	509(a)(3). C	Check the box	in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а			anization operated, su	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	apporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	[,] ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	orted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	ly integrate	d with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and	an attentiv	/eness	
		requirement (see instructi	-		•		="			
е		Check this box if the orga	anization received a v	vritten determination from	n the IRS	that it is a	Type I, Type I	II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported o	organizations							
g	Pro	vide the following information	about the supporte	d organization(s).					-	
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount	of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see ir	structions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		38,847.	259,921.	502,462.	846,004.	1647234.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	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		38,847.	259,921.	502,462.	846,004.	1647234.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1647234.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		38,847.	259,921.	502,462.	846,004.	1647234.
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	ļ					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	ļ					
11	Total support. Add lines 7 through 10						1647234.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ne 6, column (f), d	livided by line 11, o	olumn (f))			<u>100.00 %</u>
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>100.00 %</u>
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	ne organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>▶</u>
		·				dule A (Form 990	

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

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

Section	A. Public Support						
Calendar y	ear (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts	, grants, contributions, and						
mem	bership fees received. (Do not						
inclu	de any "unusual grants.")						
merc forme any a	s receipts from admissions, chandise sold or services pered, or facilities furnished in activity that is related to the nization's tax-exempt purpose						
3 Gros	s receipts from activities that						
	ot an unrelated trade or bus- s under section 513						
4 Tax r	evenues levied for the organ-						
izatio	on's benefit and either paid to						
or ex	pended on its behalf						
5 The \	value of services or facilities						
furnis	shed by a governmental unit to						
the o	rganization without charge						
6 Tota	I. Add lines 1 through 5						
7a Amo	unts included on lines 1, 2, and						
3 rec	eived from disqualified persons						
from of exceed	nts included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the at on line 13 for the year						
	lines 7a and 7b						
	ic support. (Subtract line 7c from line 6.)						
Section	B. Total Support						
Calendar v	ear (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	unts from line 6		, ,	, ,		, ,	
10a Gros divide secu	s income from interest, ends, payments received on rities loans, rents, royalties, ncome from similar sources						
b Unrela	ated business taxable income						
,	section 511 taxes) from businesses red after June 30, 1975						
	lines 10a and 10b						
11 Net in activity whet	ncome from unrelated business ities not included in line 10b, her or not the business is larly carried on						
12 Othe or los	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)						
	support. (Add lines 9, 10c, 11, and 12.)						
14 First	5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	k this box and stop here						
Section	C. Computation of Public	c Support Per	rcentage				
15 Publi	ic support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	•
	ic support percentage from 2019					16	
	D. Computation of Inves						
	stment income percentage for 20					17	
	stment income percentage from 2					18	
	/3% support tests - 2020. If the						7 is not
	than 33 1/3%, check this box an						▶∟
	/3% support tests - 2019. If the	· ·			•	•	
	8 is not more than 33 1/3%, chec						. —
20 Priva	ate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described in line 11a above?		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.	:	
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
	and or type it eapperting enganizations	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	, and the second		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		oxdot
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
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.		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
_1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting orga	nization (see				
	instructions).			·				

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
<u> </u>	From 2017				
<u>d</u>	From 2018				
e	From 2019				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

T dit VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<u></u>

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

FREE TO THRIVE

Employer identification number 82-0860894

Pai	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	s or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(I	b) Funds and other accounts
1	Tota	I number at end of year			
2		regate value of contributions to (during year)			
3	Aggr	regate value of grants from (during year)			
4	Aggr	regate value at end of year			
5	Did t	he organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fund	ls
	are t	he organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did t	he organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used or	nly
	for c	haritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferri	ng
_					
Pai	T II	Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV,	line 7.
1	Purp	ose(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (for example, recreat	· —		orically important land area
		Protection of natural habitat	Preservation of	of a certif	fied historic structure
		Preservation of open space			
2		plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	n of a cor	
	-	of the tax year.			Held at the End of the Tax Year
а		I number of conservation easements			2a
b		-			2b
С		ber of conservation easements on a certified historic stru			2c
d		ber of conservation easements included in (c) acquired at			
		d in the National Register			2d
3		ber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	zation during the tax
	year	·			
4		ber of states where property subject to conservation ease	•	-	
5		s the organization have a written policy regarding the perion			
•		tions, and enforcement of the conservation easements it			
6	Stan	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	iservation	n easements during the year
7	Ama	unt of eveness incurred in monitoring inspecting bandl	ing of violations, and enfavoing concern	ation and	accounts during the year
7		unt of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation eas	sements during the year
8	▶ \$	each conservation easement reported on line 2(d) above	a action, the requirements of section 170)/b)/4)/D)/	
0					
9		art XIII, describe how the organization reports conservatio	n easements in its revenue and expens		
9		nce sheet, and include, if applicable, the text of the footnot	•		
		nization's accounting for conservation easements.		TOTAL LITE	at decombes the
Pai	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	imilar Assets.
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
	If the	e organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and bala	ince sheet works
	of ar	t, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in	furtheran	ice of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.	·
b	If the	e organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance	sheet works of
	art, h	nistorical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance	of public service,
	prov	ide the following amounts relating to these items:			
	(i) F	Revenue included on Form 990, Part VIII, line 1			> \$
2	If the	e organization received or held works of art, historical trea			
	the f	ollowing amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Reve	enue included on Form 990, Part VIII, line 1			> \$
b	Asse	ets included in Form 990, Part X			> \$
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2020

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Simila	r Assets	(continu	r uge —
3	Using the organization's acquisition, accession								•	,
	collection items (check all that apply):									
а	Public exhibition	d	I 🔲 L	oan or exc	change progran	n				
b	Scholarly research	е	· 🗌 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organization	's exemp	ot purpo:	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	he organiz	zation's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ontribution	s or other asse	ts not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	•	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			_	
Par										
	Complete	(a) Current year		ior year	(c) Two years			rears hack	(e) Four y	ears hack
19	Beginning of year balance	(a) Current year	(6) 1 1	ioi ycai	(C) Two years	Daok (a) 111100)	rours buok	(C) roury	Car o back
b	Contributions									
0	Net investment earnings, gains, and losses									
٦										
d	Grants or scholarships					- +				
е	Other expenditures for facilities									
	and programs									
т	Administrative expenses									
g	End of year balance		/!: 4		<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance		column (a	i)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	<u> </u>	%								
	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administere	d for the	organiza	ation		
	by:									res No
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Par										
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	depr	eciation			
	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. columr	n (B). line 1	Oc.)				· <u> </u>	0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FREE TO TIME	V 11	02	OOOOOJ Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
(4) =:	(b) Book value	(c) Welflod of Valuation. Gost of end-	oryear market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	41.5
<u>```</u>	escription		(b) Book value
(1) GRANT FUNDS RECEIVABLE			162,500.
(2) DONATIONS RECEIVABLE	ATT7		10,000.
(3) CUSTODIAL FUNDS - UNION BAI	NK		67,906.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			240,406.
Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities.	15.)		240,400.
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 990 Part Y line 25	
1. (a) Description of liability	Tromi 990, raitiv, iiie	The or Thi. See Form 990, Fart A, line 25.	(b) Book value
(1) Federal income taxes			(b) Dook value
(2) PAYROLL TAXES PAYABLE			13,612.
(3) CREDIT CARDS PAYABLE			5,979.
(4) FBO CLIENT TRUST ACCOUNT			67,906.
(5) ACCRUED PAYROLL			10,878.
(6)			±0,010°
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	N	98,375.
2 Liability for uncertain tay positions. In Part XIII. provide the			

032053 12-01-20

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
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:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XIII Supplemental Information.	18.)	5	VI
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XIII Supplemental Information.	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	5	XI,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

FREE TO THRIVE					82-0860894		
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this part 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	sed funds through any of the followin e Solicitat s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or randration grown contributions and gr	(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(overne type)	(event type)	(total Hambol)	
Revenue	1	Gross receipts	90,665.			90,665.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	90,665.			90,665.
	4	Cash prizes				
ő	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				14 600
	9	Other direct expenses				14,622.
	10	Direct expense summary. Add lines 4 through			>	14,622. 76,043.
Pá	rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization			9. or reported more than	10,043.
		\$15,000 on Form 990-EZ, line 6a.			o, or reported more man	
			(a) Bingo	(b) Pull tabs/insta bingo/progressive bi		(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive bi	mgo	coi. (a) through coi. (cj)
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		•	Yes %	Yes	_ %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	uoto gamina activitios:			
-		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_					
0320	82 11	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020
5520	''				Someane a fr	300 0. 000 1-020

Schedule G (Form 990 or 990-EZ) 2020 FREE TO THRIVE	82-0860894 Page 3					
11 Does the organization conduct gaming activities with nonmembers?	Yes No					
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other						
to administer charitable gaming?						
13 Indicate the percentage of gaming activity conducted in:						
	Lee					
a The organization's facility	I					
b An outside facility						
14 Enter the name and address of the person who prepares the organization's gaming/special events	books and records:					
Name						
Address >						
15a Does the organization have a contract with a third party from whom the organization receives gami	ng revenue? Yes No					
b If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount					
of gaming revenue retained by the third party > \$						
c If "Yes," enter name and address of the third party:						
Name						
Address >						
16 Gaming manager information:						
Name ▶						
Gaming manager componentian						
Garning manager compensation \triangleright ϕ	Gaming manager compensation \$					
Description of services provided						
Director/officer Employee Independent contractor						
17 Mandatory distributions:						
a Is the organization required under state law to make charitable distributions from the gaming proce	eds to					
retain the state gaming license?	Yes No					
	·······					
b Enter the amount of distributions required under state law to be distributed to other exempt organized in the control of t	zations or spent in the					
organization's own exempt activities during the tax year > \$						
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co						
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	ons.					

Schedule G (F	Form 990 or 990-EZ) FREE TO THRIVE	82-0860894 Page 4
Part IV	Form 990 or 990-EZ) FREE TO THRIVE Supplemental Information (continued)	<u> </u>
	(oontinuou)	

Schedule G (Form 990 or 990-EZ)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

FREE TO THRIVE

Employer identification number 82-0860894

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
THRIVE BY PROVIDING THEM WITH HOLISTIC AND TRAUMA-INFORMED, LEGAL AND							
SUPPORT SERVICES IN COLLABORATION WITH OUR SERVICE PARTNERS, AND BY							
INCREASING ACCESS TO JUSTICE FOR ALL SURVIVORS.							
FORM 990, PART VI, SECTION B, LINE 11B:							
FORM 990 IS REVIEWED AT A BOARD MEETING BEFORE BEING SIGNED BY A BOARD							
MEMBER AND FILED.							
FORM 990, PART VI, SECTION B, LINE 12C:							
DISCUSSED AT EACH BOARD MEETING							
FORM 990, PART VI, SECTION C, LINE 19:							
UPON REQUEST							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
NON-TAXABLE PPP INCOME 94,700.							