

AMENDED FORM 990-EZ
FOR TAX YEAR 2014

FREEDOM'S PROMISE

WN Rowe CPA
400 Sugartree Lane Ste 410
Franklin, TN 37064
(615) 591-0331

990EF

EF Transmission Status

2014

(Keep for your records)

Name(s) as shown on return

EIN number

Freedom's Promise

26-0566457

The following will be transmitted to the IRS.

990 8868 Amended

The following state returns will be transmitted:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

The following returns have been suppressed or are not eligible and will NOT be transmitted.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EF Notes

Federal return to be e-filed as an Amended Return

WN Rowe CPA

400 Sugartree Lane Ste 410

Franklin, TN 37064

nate@wnrowecpa.com

Phone: (615)591-0331 | Fax: (615)591-0381

June 20, 2015

Freedom's Promise
PO Box 58996
Nashville, TN 37205

Freedom's Promise:

Enclosed is the 2014 amended federal return for a tax-exempt organization, prepared for Freedom's Promise from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's amended federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (615)591-0331.

Sincerely,

Nathan Rowe
WN Rowe CPA

WN Rowe CPA

400 Sugartree Lane Ste 410

Franklin, TN 37064

nate@wnrowecpa.com

Phone: (615)591-0331 | Fax: (615)591-0381

June 20, 2015

Freedom's Promise
PO Box 58996
Nashville, TN 37205

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Nathan Rowe
WN Rowe CPA

990

Tax Exempt
Diagnostic Summary

2014

Name
Freedom's Promise

Employer Identification #
26-0566457

Demographics

Mailing Address:
PO Box 58996
Nashville, TN 37205

Phone:

Resident State: TN

Diagnostics

Preparer: Nathan Rowe

Invoice:

Date: 06-20-2015

Return Information

Item on Return	2014 Federal	2013 Federal (If available)
Total Revenue	185,654	
Total Expenses	158,945	
Net Excess (Deficit)	26,709	
Net Assets or Fund Balances	77,235	50,526

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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Short Form Return of Organization Exempt From Income Tax

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

2014

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

Open to Public
Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization Freedom's Promise	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
PO Box 58996	
City or town, state or province, country, and ZIP or foreign postal code Nashville, TN 37205	

D Employer identification number

26-0566457

E Telephone number

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.freedomspromise.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **186,879**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	179,538
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,200
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,200	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	3,140
	b Less: cost of goods sold	7b	1,225
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,915
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	185,654
	10 Grants and similar amounts paid (list in Schedule O)	10	50,763
	11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	20,000	
13 Professional fees and other payments to independent contractors	13	6,869	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	2,342	
16 Other expenses (describe in Schedule O)	16	78,971	
17 Total expenses. Add lines 10 through 16 ▶	17	158,945	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,709
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,526
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	77,235

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,292	53,646
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	2,234	23,940
25 Total assets	50,526	77,586
26 Total liabilities (describe in Schedule O)	0	351
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,526	77,235

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Prevention of Human Trafficking

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Freedoms Healing program focused on holistic healing of over 800 Cambodians, providing short-term medical clinics and long-term support care.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,542
29 <u>Bridge of Hope program provided educational opportunities including Bible study and care grants, as well as income generating opportunities for over 200 children.</u> (Grants \$ 13,337) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	22,395
30 <u>Restoration of Vulnerable Children and New life of Hope programs provided educational and income generating opportunities for over 180 children.</u> (Grants \$ 18,512) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	32,645
31 <u>Other program services (describe in Schedule O)</u> (Grants \$ 18,914) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	24,203
32 Total program service expenses (add lines 28a through 31a)	32	121,785

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tiffany Atkinson Executive Director	40.00	20,000	0	0
Joanne Russell President, Board Chair	5.00	0	0	0
Theresa Biancheri Secretary	5.00	0	0	0
Eric Riffer Treasurer	5.00	0	0	0
Ceesun Andrews Board Member	15.00	0	0	0
Amber Barron Board Member	8.00	0	0	0
Suzanne Blackwell Board Member	2.00	0	0	0
Andy Dodson Board Member	15.00	0	0	0
Whitney Fuller Board Member	2.00	0	0	0
John Miller Board Member	1.00	0	0	0
Tim Munsell Board Member	5.00	0	0	0
Claire Tyner Board Member	10.00	0	0	0
Caroline White Board Member	15.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of WN Rowe CPA Telephone no. 615-591-0331 Located at 400 Sugartree Lane Ste 410, Franklin, TN ZIP + 4 37064
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		X
48		X
49a		X
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Tiffany Atkinson
Signature of officer

Tiffany Atkinson, Executive Director
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name: Nathan Rowe

Preparer's signature: _____

Date: 06-20-2015

Check if self-employed

PTIN: P00503247

Firm's name: WN Rowe CPA

Firm's address: 400 Sugartree Lane Ste 410 Franklin TN 37064

Firm's EIN: _____

Phone no.: 615-591-0331

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Freedom's Promise

26-0566457

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 96.91%; 16 Public support percentage from 2013 Schedule A, Part III, line 15 96.73%

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 0.00%; 18 Investment income percentage from 2013 Schedule A, Part III, line 17

- 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Freedom's Promise

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

26-0566457

01. Amended return information

This return has been amended to properly allocate Program and Fundraising expenses. On
the original return, the tax preparer did not properly allocate personnel, travel and
other expenses as Program expenses or Fundraising expenses.

Program Expenses

Reported on Page 2, Part III

Total Program expenses on original return	102,254
Additional program expenses allocated	19,531
Total Program expenses, as amended	121,785

Fundraising Costs

Reported as Other Expenses on Page 1, Line 16

Total Fundraising expenses on original return	12,297
Additional Fundraising expenses allocated	7,664
Total Fundraising expenses, as amended	19,961

02. List of grants and similar amounts paid (Part I, line 10)

Activity	Prevention of human trafficking
Grantee	New Life of Hope
Street	#44 CE0, Street 454, Sankat Toul
City, Province, Country, Postal	Tompong, Khan Chamcamon, Phnom Penh Cambodia
Relationship	partner program
Amount	8,455

Name of the organization	Employer identification number
Freedom's Promise	26-0566457

Activity Prevention of human trafficking
Grantee Restoration of Vulnerable Children
Street #44 CE0, Street 454, Sankat Toul
City, Province, Country, Postal Tompong, Khan Chamcamon, Phnom Penh Cambodia
Relationship partner program
Amount 10,057

Activity Prevention of human trafficking
Grantee Bridge of Hope
Street Khrum 24, Phum Kilometer 4, Sanguat
City, Province, Country, Postal Phsaa Kandal, Poipet Ci, Bsnteny Meanchoy Cambodia
Relationship partner program
Amount 13,337

Activity Prevention of human trafficking
Grantee Kone Kmeng
Street #44 CE0, Street 454, Sankat Toul
City, Province, Country, Postal Tompong, Khan Chamcamon, Phnom Penh Cambodia
Relationship partner program
Amount 9,241

Activity Prevention of human trafficking
Grantee Precious Women
Street Khrum 24, Phum Kilometer 4, Sanguat
City, Province, Country, Postal Phsaa Kandal, Poipet Ci, Bsnteny Meanchoy Cambodia
Relationship partner program
Amount 4,955

Name of the organization Freedom's Promise	Employer identification number 26-0566457
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Activity	Prevention of human trafficking
Grantee	University Dorm Program
Street	#44 CE0, Street 454, Sankat Toul
City, Province, Country, Postal	Tompong, Khan Chamcamon, Phnom Penh Cambodia
Relationship	partner program
Amount	4,718

03. Description of other expenses (Part I, line 16)

Description	Amount
Travel and lodging	47,577
Fundraising	19,961
Salary alloc to fundraising	(7,000)
Other program expenses	8,949
Supplies	3,108
Banking fees	1,862
Taxes and licenses	1,732
Payroll taxes alloc to fundraising	(536)
Insurance	906
Information technologe	760
Meetings and meals	705
Office expense	536
Office expense alloc to fundraising	(128)
Continuing education	376

Name of the organization	Employer identification number
Freedom's Promise	26-0566457

Depreciation 149

Loss on investment 14

04. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Furniture and equipment, net	446	297
Prepaid expenses	1,788	23,643

05. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
Payroll tax liability	0	351

06. Other program services (Part III, line 31)

Other programs included efforts to provide education, humanitarian aid, community outreach, and job training for victims and those at risk of human trafficking, partnering with Kone Kmeng. \$9873 provided from donor restricted funds.

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or fiscal year beginning _____, and ending _____

2014

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

Freedom's Promise

26-0566457

Name and title of officer

Tiffany Atkinson, Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	.....	1b	_____
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	.....	2b	185,654
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	.....	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	.....	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	.....	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WN Rowe CPA to enter my PIN 51900 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ **05-14-2015**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

621461 72450
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____

Date ▶ **06-20-2015**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Statement of Program Service Accomplishments

2014 01

Name(s) as shown on return

Your Social Security Number

Freedom's Promise

26-0566457

Form 990EZ, Part III, Line 31

Program Service Expenses	\$24203
Grants and allocations included in above expense	\$18914
Includes Foreign Grants	Yes

Explanation

Other program services

Name(s) as shown on return

FEIN

Freedom's Promise

26-0566457

Page 1, Line 1

Description	Amount
Unrestricted	\$ 130,802
Restricted	48,736
Total:	\$ 179,538

Page 1, Line 15

Description	Amount
Awareness programs	\$ 2,342
Total:	\$ 2,342

Program grants Page 2 Part III Line 30

Description	Amount
Restoration of Vulnerable Children	\$ 10,057
New Life of Hope	8,455
Total:	\$ 18,512

Total program expenses Page 2 Line 30a

Description	Amount
Restoration of Vulnerable Children	\$ 12,329
New Life of Hope	10,551
Allocation of personnel, travel and other	9,765
Total:	\$ 32,645

Program grants Page 2, Line 31

Description	Amount
Precious Women	\$ 4,955
University dorms	4,718
Kone Kmeng other	9,241
Total:	\$ 18,914

990

Overflow Statement

2014
Page 2

Name(s) as shown on return

FEIN

Freedom's Promise

26-0566457

Total program expense Page 2 Line 31a

Description	Amount
University dorms	\$ 5,121
Precious Women	4,958
Kone Kmeng other	9,241
Allocated personnel, travel and other	4,883
Total:	\$ 24,203