

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax: FINDING FREEDOM THROUGH FRIENDSHIP, INC. Taxpayer identification number: 27-1270425

Name and title of officer or person subject to tax: JODY GREENLEE EXEC 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Total revenue for Form 990-EZ is 169,245.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only. [X] I authorize KRING, RAY, FARLEY & RIDDLE, PSC to enter my PIN 70425. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return.

Signature of officer or person subject to tax: ***** THIS IS NOT A FILEABLE COPY *** Date: 05/17/21

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. 61351720344. Do not enter all zeros.

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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: 05/17/21

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

Short Form Return of Organization Exempt From Income Tax

2020

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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A For the 2020 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FINDING FREEDOM THROUGH FRIENDSHIP, INC.		D Employer identification number 27-1270425
	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
	1781 EASTWOOD DRIVE		(859) 269-4721
	Room/suite		F Group Exemption Number ▶
City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶	
LEXINGTON, KY 40502			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.FINDING-FREEDOM-THROUGH-FRIENDSHIP.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 169,245.	

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	169,245.	1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments		3
	4 Investment income		4
	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	
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		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)			8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	169,245.	9	
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	127,588.	10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors	2,300.	13
	14 Occupancy, rent, utilities, and maintenance		14
	15 Printing, publications, postage, and shipping	1,266.	15
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16,755.	16
	17 Total expenses. Add lines 10 through 16	147,909.	17
18 Excess or (deficit) for the year (subtract line 17 from line 9)	21,336.	18	
Net Assets	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)	48,010.	19
	20 Other changes in net assets or fund balances (explain in Schedule O)	0.	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	69,346.	21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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	48,771.	69,346.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	48,771.	69,346.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	761.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,010.	69,346.

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

28 SEE SCHEDULE O		
(Grants \$ 74,416.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	74,416.
29 SEE SCHEDULE O		
(Grants \$ 32,299.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	32,299.
30 SEE SCHEDULE O		
(Grants \$ 11,050.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	11,050.
31 Other program services (describe in Schedule O) SEE SCHEDULE O		
(Grants \$ 9,823.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	9,823.
32 Total program service expenses (add lines 28a through 31a)	32	127,588.

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
JODY GREENLEE EXECUTIVE DIRECTOR	60.00	0.	0.	0.
WENDY MCNEVIN PRESIDENT	4.00	0.	0.	0.
MIKE MCNEVIN VICE PRESIDENT	4.00	0.	0.	0.
MARGUERITE DOYLE CFO	60.00	0.	0.	0.
FABIOLA DE SAMOYOA DIRECTOR	4.00	0.	0.	0.
CAROL KREMER DIRECTOR	15.00	0.	0.	0.
RAE HOUSE DIRECTOR	30.00	0.	0.	0.
MARY HALL DIRECTOR	4.00	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 Sch. O to respond to any question in this Part V

		Yes	No
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		X
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		X
35a	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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	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?	38a	X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39a	Section 501(c)(7) organizations. Enter:	39a	N/A
39b	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> .		
40b	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	40b	X
40c	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		0.
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	JODY GREENLEE Telephone no. (859) 269-4721	
	Located at	1781 EASTWOOD DRIVE, LEXINGTON, KY ZIP + 4 40502	
42b	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	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
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	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	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	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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	45b	

	Yes	No
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	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 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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	Signature of officer	Date
	JODY GREENLEE, EXEC DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TAMMY DOYLE FARLEY	TAMMY DOYLE FARLEY	05/17/21		P00067109
	Firm's name ▶ KRING, RAY, FARLEY & RIDDLE, PSC	Firm's address ▶ 444 EAST MAIN STREET; STE 203 LEXINGTON, KY 40507		Firm's EIN ▶ 61-1015031	Phone no. (859) 231-0541

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
Inspection

Name of the organization

FINDING FREEDOM THROUGH FRIENDSHIP, INC.

Employer identification number

27-1270425

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (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		
Total						

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

Calendar 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.")	79,750.	120,010.	161,757.	147,681.	169,245.	678,443.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	79,750.	120,010.	161,757.	147,681.	169,245.	678,443.
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)						112,862.
6 Public support. Subtract line 5 from line 4.						565,581.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	79,750.	120,010.	161,757.	147,681.	169,245.	678,443.
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						678,443.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	83.36 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.96 %
16a 33 1/3% support test - 2020. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Name of organization FINDING FREEDOM THROUGH FRIENDSHIP, INC.	Employer identification number 27-1270425
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FINDING FREEDOM THROUGH FRIENDSHIP, INC.	Employer identification number 27-1270425
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FINDING FREEDOM THROUGH FRIENDSHIP, INC.

Employer identification number

27-1270425

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: HOUSING

GRANTEE NAME: VARIOUS

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 23,474.

ACTIVITY CLASSIFICATION: FOOD, MEDICAL, HUMANITARIAN

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 71,816.

ACTIVITY CLASSIFICATION: EDUCATION

GRANTEE NAME: VARIOUS

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 22,475.

ACTIVITY CLASSIFICATION: OTHER PROGRAM SERVICES

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 9,823.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 127,588.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MARKETING AND PROMOTION 7,873.

OFFICE EXPENSE 2,101.

TRAVEL 1,268.

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

Schedule O (Form 990 or 990-EZ) 2020

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BANK FEES	1,700.
COMPUTER/SOFTWARE EXPENSES	3,813.
TOTAL TO FORM 990-EZ, LINE 16	16,755.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	761.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - HOLISTIC TRANSFORMATION OF WIDOWS, FEMALES, YOUTH AND CHILDREN IN ENDEMIC DEPRIVATION TO REVERSE THE YOKE OF POVERTY THROUGH PROVISION OF SHELTER, HEALTH, NUTRITION, EDUCATION AND ECONOMIC SKILLS FOR LONG-TERM SUSTAINABILITY FOR THE INDIVIDUAL AND THE COMMUNITY.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

WIDOW PROGRAM

FFF AIDS DESTITUTE WOMEN AND CHILDREN TO INSPIRE, EMPLOY AND SUSTAIN THE FAMILY'S SOCIO-ECONOMIC ENVIRONMENT BY INSTILLING INDEPENDENCE AND SECURITY AT THE EMOTIONAL AND PHYSICAL LEVEL SO THE INDIVIDUAL CAN LEAD A PRODUCTIVE LIFE. FUNDED 39 WIDOWS AND THEIR CHILDREN FOR A TOTAL OF 94 PARTICIPANTS. PROVISIONS FUNDED BY CATEGORY WERE: HEALTH AND NUTRITION - 35 FAMILIES RECEIVED FOOD AND MEDICAL CARE; EDUCATION - SUPPORTED 69 STUDENTS IN K-12, PRIVATE SCHOOLS, TUTORING, AND COLLEGE. COVERAGE INCLUDES TUITION, UNIFORMS, BOOKS, CLOTHING, INTERNET AND TRANSPORTATION; LODGING (CONSTRUCTION, RENOVATION OR RENT) - CONSTRUCTED 5 NEW HOMES, RENOVATED 1 HOME AND PAID FOR 2 RENTALS; ASSETS AND UTILITIES (APPLIANCES, FURNISHINGS AND OTHER CONVENIENCES) - 1 HOME WAS CONNECTED TO UTILITIES, 4 HOMES

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RECEIVED APPLIANCES (SUCH AS REFRIGERATORS, GAS OVENS, WASHING MACHINES AND WATER HEATERS), AND 14 HOMES RECEIVED FURNITURE (SUCH AS BEDS AND BEDDING, TABLES, COUCHES, WARDROBES AND CHAIRS)

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY HEALTH EVENTS

THE HEALTH EVENTS OFFER FREE MEDICAL CHECKUPS, MEDICINE, AND RAISE THE COGNIZANCE OF HEALTH ISSUES AND HYGIENE PRACTICES. IN RESPONSE TO COVID-19, FFF HELPED 5,576 INDIVIDUALS BY DONATING THOUSANDS OF POUNDS OF FOOD AND HELPED MANY IN NEED OF MEDICAL CARE. FACILITATORS DISTRIBUTED FOOD PACKAGES (BETWEEN 25 - 45 POUNDS) OF RICE, BLACK BEANS, FRUIT, VEGETABLES, AND OTHER NON-PERISHABLE FOOD IN RURAL GUATEMALA. IN EGYPT, 10-POUND FOOD PACKAGES AND HEALTH CARE WERE SUPPLIED. IN ADDITION, HUNDREDS OF MASKS WERE DISTRIBUTED IN VARIOUS COMMUNITIES.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY EDUCATION (VOCATIONAL TRAINING)

KARMA WOMEN DEVELOPMENT CENTER (KWDC) IN EL MINYA, EGYPT, EMPOWERS WOMEN TO ACQUIRE A SKILL TO IMPROVE THEIR SOCIAL-ECONOMIC SITUATION, ENDORSE SOCIAL EQUALITY, PROMOTE SUSTAINABILITY AND BUILD LEADERSHIP. TO FACILITATE ATTENDANCE, THE CENTER OFFERS CHILDCARE AND TRANSPORTATION SERVICES. MOST OF THE YEAR CLASSES WERE CLOSE DUE TO COVID. THUS ONLY 5 COURSES WERE CONDUCTED AND 39 STUDENTS GRADUATED.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

MICROLOAN PROGRAM

THE MICROFINANCE PROGRAM OFFERS LOANS AT LOWER RATES THAN A BANK TO

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INDIVIDUALS OR GROUPS USUALLY DENIED CAPITAL TO START A BUSINESS.

WOMEN USE THE LOANS TO PURCHASE EQUIPMENT AND SUPPLIES TO OPEN OR EXPAND A MICROBUSINESS. THE AVERAGE MICROLOAN IS \$300. DUE TO COVID, ONLY 6 WOMEN UTILIZED THE LOAN PROGRAM. GRANTS \$ 9,823. EXPENSES \$ 9,823.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.