

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 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 <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREE THE SLAVES, INC.		D Employer identification number 56-2189635
	Doing Business As		E Telephone number 202-775-7480
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,683,943.
	1320 19TH STREET, NW	600	
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MAURICE MIDDLEBERG SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <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		H(c) Group exemption number ▶	
J Website: WWW.FREETHESLAVES.NET		L Year of formation: 2000 M State of legal domicile: DC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO END SLAVERY AND HUMAN TRAFFICKING AROUND THE WORLD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,441,477.	2,667,029.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,200.	50.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413.	218.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,321.	15,549.
		2,463,411.	2,682,846.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	784,688.	839,851.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	738,200.	772,922.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,760.	31,550.	43,050.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	852,471.	886,405.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,406,909.	2,542,228.	
19 Revenue less expenses. Subtract line 18 from line 12	56,502.	140,618.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,491,043.	1,610,873.
	22 Net assets or fund balances. Subtract line 21 from line 20	83,232.	72,194.
	1,407,811.	1,538,679.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MAURICE MIDDLEBERG, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		
Phone no. (301) 951-9090					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FREE THE SLAVES' MISSION IS TO END SLAVERY AND HUMAN TRAFFICKING AROUND THE WORLD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 539,054. including grants of \$ 319,659.) (Revenue \$) INDIA: GRASSROOTS ANTI-SLAVERY: FTS AND ITS PARTNERS ORGANIZE COMMUNITIES TO RESIST BONDED LABOR AND SEX TRAFFICKING OF ADULTS AND CHILDREN. WE SUPPORT COLLECTIVE ACTION BY SLAVES AND FORMER SLAVES TO DEMAND FREEDOM, PAYMENT OF WAGES AND PROTECTION FROM VIOLENCE; AND TO DEVELOP NEW LIVELIHOODS AND ENTERPRISES. WE ALSO SUPPORT LAWYERS WHO PRESS FOR JUSTICE FOR VICTIMS, AND WE SUPPORT OPERATION OF A SHELTER AND GROUP HOME FOR SURVIVORS OF SEX SLAVERY.

2013 ACCOMPLISHMENTS: 2,806 PEOPLE LIBERATED FROM SLAVERY; 4,731 PEOPLE EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 905 GOVERNMENT OFFICIALS TRAINED ON APPROPRIATE RESPONSES TO SLAVERY; 97 LEGAL CASES INITIATED AGAINST SLAVEHOLDERS/TRAFFICKERS.

4b (Code:) (Expenses \$ 377,152. including grants of \$ 121,033.) (Revenue \$) DEMOCRATIC REPUBLIC OF THE CONGO: GRASSROOTS ANTI-SLAVERY: FTS' CONGO PROGRAM ADDRESSES MANY FORMS OF SLAVERY SURROUNDING MINES IN THE KIVU PROVINCES. FTS PARTNERS OPERATE A RESOURCE CENTER TO EDUCATE MINERS AND OTHERS ABOUT THEIR RIGHTS, CONDUCT PUBLIC AWARENESS CAMPAIGNS, ORGANIZE LEADERS TO EDUCATE THEIR COMMUNITIES, AND ENGAGE LOCAL OFFICIALS TO PRESS FOR ENFORCEMENT OF CONGOLESE ANTI-SLAVERY LAWS.

2013 ACCOMPLISHMENTS: 56 PEOPLE LIBERATED FROM SLAVERY; 1,806 PEOPLE EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 91 GOVERNMENT OFFICIALS TRAINED ON APPROPRIATE RESPONSES TO SLAVERY; 2 MAJOR INVESTIGATIVE RESEARCH REPORTS ON MINING SLAVERY AND FORCED MARRIAGE SLAVERY PRODUCED AND DISTRIBUTED IN THE U.S. AND CONGO.

4c (Code:) (Expenses \$ 292,477. including grants of \$ 121,967.) (Revenue \$) HAITI: GRASSROOTS ANTI-SLAVERY: FTS' HAITI PROGRAM IS FOCUSED ON ERADICATING THE "RESTAVEK" SYSTEM OF CHILD DOMESTIC SLAVERY. FTS AND OUR PARTNER HAVE ORGANIZED SIX MODEL COMMUNITIES IN A PILOT PROJECT THAT DEMONSTRATES REDUCTION OF SLAVERY PREVALENCE IS POSSIBLE WHEN PARENTS ARE ORGANIZED TO LEARN ABOUT THE TRAUMA OF SLAVERY, TO EDUCATE THEIR NEIGHBORS ABOUT SLAVERY, TO TAKE ACTION TO RESCUE THEIR CHILDREN AND TO WORK TOGETHER TO DEVELOP NEW LIVELIHOODS. FTS' PARTNER ALSO PROVIDES ACCELERATED EDUCATION FOR FORMERLY ENSLAVED CHILDREN AND CHILDREN AT RISK OF ENSLAVEMENT.

2013 ACCOMPLISHMENTS: SEVEN CHILDREN LIBERATED FROM SLAVERY; 648 PEOPLE EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 272 AT-RISK CHILDREN

4d Other program services (Describe in Schedule O.) (Expenses \$ 878,046. including grants of \$ 277,192.) (Revenue \$ 4,109.)

4e Total program service expenses 2,086,729.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, MD, NY, SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FATOU TOURE - 202-775-7480**
1320 19TH STREET, NW, NO. 600, WASHINGTON, DC 20036

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	10,611.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	451,453.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,204,965.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2,667,029.				
	Program Service Revenue	2 a	<u>ADMIN. FEES/HONORARIA</u>	Business Code	50.	50.		
				900099				
b								
c								
d								
e								
g		Total. Add lines 2a-2f		50.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		218.			218.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		9,615.			9,615.	
	6 a	Gross rents	(i) Real					
		Less: rental expenses	(ii) Personal					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
		Less: cost or other basis and sales expenses	(ii) Other					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	5,156.					
	Less: cost of goods sold	b	1,097.					
	c	Net income or (loss) from sales of inventory		4,059.	4,059.			
Miscellaneous Revenue			Business Code					
11 a	<u>OTHER</u>	900099	2,028.			2,028.		
b	<u>FOREIGN EXCHANGE LOSS</u>	900099	-153.			-153.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,875.					
12	Total revenue. See instructions.		2,682,846.	4,109.	0.	11,708.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	839,851.	839,851.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	205,326.	146,508.	50,587.	8,231.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	487,807.	270,604.	102,881.	114,322.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,290.	16,198.	4,300.	7,792.
10 Payroll taxes	51,499.	30,932.	11,262.	9,305.
11 Fees for services (non-employees):				
a Management				
b Legal	341.		341.	
c Accounting	142,892.		142,892.	
d Lobbying	3,702.	3,702.		
e Professional fundraising services. See Part IV, line 17	43,050.			43,050.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	284,525.	276,116.	7,084.	1,325.
12 Advertising and promotion				
13 Office expenses	65,484.	16,245.	47,287.	1,952.
14 Information technology	32,058.	12,389.	15,007.	4,662.
15 Royalties				
16 Occupancy	121,686.	75,755.	24,072.	21,859.
17 Travel	141,595.	100,823.	27,712.	13,060.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,934.	1,754.	4,247.	2,933.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16,346.	7,523.	8,823.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATION OF M&G	0.	256,512.	-299,776.	43,264.
b TRAINING	25,945.	3,740.	21,650.	555.
c VIDEO PRODUCTION	15,813.	15,435.	378.	
d PAYROLL PROCESSING	5,635.		5,635.	
e All other expenses	21,449.	12,642.	7,357.	1,450.
25 Total functional expenses. Add lines 1 through 24e	2,542,228.	2,086,729.	181,739.	273,760.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	958,096.	1	667,517.	
	2 Savings and temporary cash investments	225,129.	2	195,331.	
	3 Pledges and grants receivable, net	24,000.	3	471,942.	
	4 Accounts receivable, net	161,612.	4	30,614.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	32,295.	8	31,198.	
	9 Prepaid expenses and deferred charges	13,560.	9	15,416.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,041.			
	b Less: accumulated depreciation	10b 15,041.	0.	10c 0.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	76,351.	15	198,855.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,491,043.	16	1,610,873.		
Liabilities	17 Accounts payable and accrued expenses	83,232.	17	72,194.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	83,232.	26	72,194.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	671,031.	27	903,496.	
	28 Temporarily restricted net assets	736,780.	28	635,183.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,407,811.	33	1,538,679.	
34 Total liabilities and net assets/fund balances	1,491,043.	34	1,610,873.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,682,846.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,542,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	140,618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,407,811.
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 in Schedule O)	9	-9,750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,538,679.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **FREE THE SLAVES, INC.** Employer identification number **56-2189635**

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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,413,243.	2,939,709.	2,944,789.	2,431,727.	2,667,029.	14,396,497.
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	3,413,243.	2,939,709.	2,944,789.	2,431,727.	2,667,029.	14,396,497.
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)						3,498,720.
6 Public support. Subtract line 5 from line 4.						10,897,777.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,413,243.	2,939,709.	2,944,789.	2,431,727.	2,667,029.	14,396,497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,627.	7,798.	7,844.	12,723.	9,833.	50,825.
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 IV.)	1,296.	1,950.	1,490.	1,006.	1,875.	7,617.
11 Total support. Add lines 7 through 10						14,454,939.
12 Gross receipts from related activities, etc. (see instructions)					12	187,875.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	75.39 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	82.43 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

Schedule A (Form 990 or 990-EZ) 2013

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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 that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

FREE THE SLAVES, INC.

Employer identification number

56-2189635

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>163,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>165,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>171,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>61,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>235,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 451,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
--	---

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 FREE THE SLAVES, INC.	Employer identification number 56-2189635
---	--

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	109.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	5,599.													
c	Total lobbying expenditures (add lines 1a and 1b)	5,708.													
d	Other exempt purpose expenditures	2,536,520.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,542,228.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	277,111.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	69,278.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	308,789.	291,142.	270,345.	277,111.	1,147,387.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,721,081.
c Total lobbying expenditures	1,920.	2,904.	1,513.	5,708.	12,045.
d Grassroots nontaxable amount	77,197.	72,786.	67,586.	69,278.	286,847.
e Grassroots ceiling amount (150% of line 2d, column (e))					430,271.
f Grassroots lobbying expenditures			1,028.	109.	1,137.

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: FREE THE SLAVES, INC. Employer identification number: 56-2189635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,041.	15,041.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year 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" to 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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ADVANCES	190,408.
(2) SECURITY DEPOSIT	8,447.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	198,855.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,732,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	49,288.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		49,288.
3	Subtract line 2e from line 1		3	2,682,846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,682,846.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,601,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	49,288.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	9,750.	
e	Add lines 2a through 2d	2e		59,038.
3	Subtract line 2e from line 1		3	2,542,228.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,542,228.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2013, FTS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **FREE THE SLAVES, INC.** Employer identification number: **56-2189635**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	2	3	PROGRAM SERVICES	SUPPORT THE PREVALENCE AND ERADICATION OF SLAVERY IN AFFECTED COMMUNITIES	808,018.
SUB-SAHARAN AFRICA	2	2	PROGRAM SERVICES	SUPPORT THE PREVALENCE AND ERADICATION OF SLAVERY IN AFFECTED COMMUNITIES	641,048.
NORTH AMERICA	1	1	PROGRAM SERVICES	SUPPORT THE PREVALENCE AND ERADICATION OF SLAVERY IN AFFECTED COMMUNITIES	292,477.
SOUTH AMERICA	1	0	PROGRAM SERVICES	SUPPORT THE PREVALENCE AND ERADICATION OF SLAVERY IN AFFECTED COMMUNITIES	53,179.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		454,363.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		223,357.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		121,967.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		40,164.
3 a Sub-total	6	6			2,634,573.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	6			2,634,573.

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT PROGRAM ACTIVITIES	121,967.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	38,800.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	162,396.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	60,640.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	40,401.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	17,421.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	23,699.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	35,725.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **18**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	36,462.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT PROGRAM ACTIVITIES	38,819.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	79,983.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	11,541.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	10,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	44,552.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	34,902.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROGRAM ACTIVITIES	37,081.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORT PROGRAM ACTIVITIES	19,973.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT PROGRAM ACTIVITIES	20,191.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

**FREE THE SLAVES MONITORS THE USE OF GRANT FUNDS OUTSIDE THE
U.S. BY REQUIRING ANNUAL BUDGETS AND QUARTERLY FINANCIAL REPORTS FROM
GRANT RECIPIENTS, THROUGH ONGOING CONSULTATION AND TECHNICAL ASSISTANCE,
AND THROUGH PERIODIC SITE VISITS BY FTS STAFF.**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate 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 entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 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 gaming 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 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 proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations 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, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CATALAN CONLON

(I) ADDRESS OF FUNDRAISER: 311 ALLISON STREET, NW, WASHINGTON, DC 20011

(I) NAME OF FUNDRAISER: KAE DAKIN CONSULTING

(I) ADDRESS OF FUNDRAISER: 2019 Q STREET, NW, WASHINGTON, DC 20009

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FREE THE SLAVES, INC.

Employer identification number

56-2189635

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment?	4a		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.											
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" to line 5a or 5b, describe in Part III.											
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" to line 6a or 6b, describe in Part III.											
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAURICE I. MIDDLEBERG EXECUTIVE DIRECTOR	(i)	151,208.	0.	0.	0.	13,408.	164,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

FREE THE SLAVES, INC.

Employer identification number

56-2189635

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RECEIVED ACCELERATED EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEPAL: GRASSROOTS ANTI-SLAVERY: FTS PARTNERS WITH NEPALI WOMEN'S GROUPS
TO RESCUE MEN, WOMEN AND CHILDREN FROM BONDED LABOR AND SEXUAL SLAVERY
AND EXPLOITATION, TO PROVIDE SAFE SPACES FOR PSYCHOSOCIAL SUPPORT OF
SURVIVORS, TO EDUCATE AND PREPARE NEPALIS WHO ARE MIGRATING ABROAD FOR
WORK, TO PRESS LEGAL CASES AGAINST SLAVEHOLDERS/TRAFFICKERS, AND TO
ADVOCATE FOR STRONG PROTECTION OF SLAVES AND VULNERABLE PEOPLE BY THE
NATIONAL GOVERNMENT.

2013 ACCOMPLISHMENTS: 27 PEOPLE LIBERATED FROM SLAVERY; 8,058 PEOPLE
EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 151 GOVERNMENT OFFICIALS
TRAINED ON APPROPRIATE RESPONSES TO SLAVERY; 7 LEGAL CASES INITIATED
AGAINST SLAVEHOLDERS/TRAFFICKERS.

EXPENSES \$ 268,964. INCLUDING GRANTS OF \$ 134,704. REVENUE \$ 0.

GHANA: GRASSROOTS ANTI-SLAVERY: FTS' CHILD RIGHTS PROGRAM FOCUSES ON
CHILD SLAVERY IN THE FISHING AND MINING INDUSTRIES, RESCUES CHILDREN
FROM SLAVERY, AND SUPPORTS GROUPS OF PARENTS AND COMMUNITY MEMBERS
TAKING ACTION TO PROTECT CHILDREN FROM SLAVERY AND ABUSE.

2013 ACCOMPLISHMENTS: 49 CHILDREN LIBERATED FROM SLAVERY; 977 PEOPLE
EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 16 GOVERNMENT OFFICIALS
TRAINED ON APPROPRIATE RESPONSES TO SLAVERY.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
---	--

EXPENSES \$ 263,896. INCLUDING GRANTS OF \$ 102,324. REVENUE \$ 0.

PUBLIC AWARENESS: FTS INCREASES AWARENESS OF SLAVERY AND FTS METHODS TO ERADICATE IT, AND FOSTERS PUBLIC ENGAGEMENT IN ADVOCACY THROUGH MASS MEDIA, ONLINE OUTREACH, VIDEO PRODUCTION, SPEAKING ENGAGEMENTS, PUBLIC EVENTS, COLLEGE CHAPTERS AND FAITH COMMUNITIES. FTS WORKS TO STRENGTHEN COMMUNICATIONS AND MEDIA-RELATIONS SKILLS OF PARTNER ORGANIZATIONS TO IMPROVE OUTREACH TO SLAVES AND CIVIC LEADERS.

2013 ACCOMPLISHMENTS: 393,736 FOLLOWERS EDUCATED/ENGAGED THROUGH WEBSITE/BLOG/SOCIAL MEDIA/EMAIL. FTS FEATURED IN 80 NEWS OUTLETS INCLUDING BBC, CNN, FORBES, BLOOMBERG, BUSINESS WEEK, THE GUARDIAN, CHICAGO TRIBUNE, HUFFINGTON POST, VOICE OF AMERICA, PUBLIC RADIO INTERNATIONAL AND UNIVISION. SEVEN ANTISLAVERY VIDEOS PRODUCED. COMMUNICATIONS WORKSHOPS CONDUCTED FOR PARTNERS IN INDIA AND CONGO. WORKSHOP ON DOMESTIC SERVITUDE CONDUCTED IN WASHINGTON WITH ORGANIZATION OF AMERICAN STATES. SHARED EMMY AWARD NOMINATION WITH MTV FOR COLLEGE OUTREACH.

EXPENSES \$ 155,062. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,109.

MONITORING & EVALUATION: FTS PRODUCES RESEARCH AND PROGRAM/PROJECT ANALYSES THAT INFORM FTS ORGANIZATIONAL LEARNING, ENABLE EXTERNAL ACCOUNTABILITY, AND CONTRIBUTE TO THE ANTI-SLAVERY/HUMAN TRAFFICKING BODY OF KNOWLEDGE.

2013 ACCOMPLISHMENTS: FTS DEVELOPED A DETAILED CAUSAL MODEL FOR ITS OVERSEAS ANTI-SLAVERY PROGRAMS, ALONG WITH INDICATORS AND TOOLS TO MONITOR AND EVALUATE PARTNER CAPACITY AND COUNTRY PROGRAM

Name of the organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
---	--

EFFECTIVENESS.

EXPENSES \$ 84,688. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BRAZIL: GRASSROOTS ANTI-SLAVERY: FTS SUPPORTS THE "SLAVERY NO WAY" CAMPAIGN, WHICH EDUCATES TEACHERS, MINISTERS AND COMMUNITY LEADERS TO PREVENT YOUTHS FROM BECOMING ENSLAVED. FTS' PARTNER OPERATES SHELTERS AND RESOURCE CENTERS IN SLAVERY HOT SPOTS TO PROVIDE MEDICAL, LEGAL AND OTHER SUPPORT TO SURVIVORS. FTS ALSO SUPPORTS ITS PARTNER TO HELP LEAD BRAZIL'S NATIONAL PACT TO ERADICATE SLAVE LABOR AND TO RESEARCH THE PRESENCE OF SLAVERY WITHIN TRADE COMMODITIES IN BRAZIL.

2013 ACCOMPLISHMENTS: 182 PEOPLE LIBERATED FROM SLAVERY; 2,245 PEOPLE EDUCATED ON COMMUNITY RESISTANCE TO SLAVERY; 355 GOVERNMENT OFFICIALS TRAINED ON APPROPRIATE RESPONSES TO SLAVERY.

EXPENSES \$ 53,179. INCLUDING GRANTS OF \$ 40,164. REVENUE \$ 0.

ANTI-SLAVERY POLICY AND ADVOCACY: FTS WORKS TO CONVINCING GOVERNMENTS, INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND BUSINESSES TO IMPLEMENT KEY CHANGES REQUIRED FOR THE GLOBAL ERADICATION OF SLAVERY. IN PARTNERSHIP WITH COALITIONS AND OTHER ORGANIZATIONS, FTS WORKS TO ENCOURAGE POLICYMAKERS DOMESTICALLY AND ABROAD TO IMPLEMENT ANTI-SLAVERY POLICIES AND TO ACTIVELY WORK TOWARD DISMANTLING SYSTEMS OF SLAVERY.

2013 ACCOMPLISHMENTS: FTS EDUCATED MEMBERS OF CONGRESS AND CONGRESSIONAL STAFF ON POLICY OPTIONS AND IMPLICATIONS OF U.S. GOVERNMENT EFFORTS AGAINST SLAVERY WORLDWIDE. FTS EDUCATED MEMBERS OF CONGRESS AND CONGRESSIONAL STAFF ON POLICY MEASURES TO ADDRESS SLAVERY IN PRODUCT SUPPLY CHAINS AND BUSINESS OPERATIONS. FTS PARTICIPATED IN

Name of the organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
---	--

THREE ANTI-SLAVERY BRIEFINGS ON CAPITOL HILL AND ONE AT THE STATE DEPARTMENT. FTS CONTINUED TO ENCOURAGE GLOBAL IMPLEMENTATION OF USAID'S 2012 COUNTER-TRAFFICKING POLICY THROUGH INTEGRATING ANTI-TRAFFICKING EFFORTS INTO MAINSTREAM INTERNATIONAL DEVELOPMENT PROJECTS. EXPENSES \$ 52,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS IN CONSULTATION WITH THE ORGANIZATION'S SENIOR MANAGEMENT. THE BOARD TREASURER REVIEWS THE DRAFT OF THE 990 ON BEHALF OF THE BOARD PRIOR TO ITS FILING WITH THE IRS. A FULL COPY OF THE AMENDED RETURN WAS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

FREE THE SLAVES EXPECTS ALL EMPLOYEES TO AVOID ANY AND ALL POTENTIAL CONFLICTS OF INTEREST. IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ALERT THE EXECUTIVE DIRECTOR TO ANY ISSUES THAT MAY RESULT IN SUCH A CONFLICT OR THE APPEARANCE OF A CONFLICT OF INTEREST. IF AN INTEREST RAISES A CONFLICT THE EMPLOYEE MAY BE ASKED TO RESIGN FROM THE OTHER ORGANIZATION. AT THE BEGINNING OF EACH CALENDAR YEAR, OFFICERS, DIRECTORS, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A WRITTEN DISCLOSURE, EITHER TO THE CHAIR OF THE BOARD OF DIRECTORS OR THE EXECUTIVE DIRECTOR, THAT IDENTIFIES INTERESTS THAT COULD POTENTIALLY GIVE RISE TO CONFLICTS. SUCH REPORTABLE INTERESTS MAY INCLUDE:

- HAVING A FINANCIAL INTEREST IN A BUSINESS, NONPROFIT ORGANIZATION OR PROJECT THAT ADDRESSES ISSUES RELATED TO FREE THE SLAVES' MISSION;
- SERVING AS A BOARD MEMBER OF AN ORGANIZATION WORKING ON ISSUES RELATED TO MODERN DAY SLAVERY;

Name of the organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
---	--

- SUPERVISING A RELATIVE AND/OR DETERMINING HIS OR HER PROMOTIONS OR PAY;
- ENGAGING IN A ROMANTIC RELATIONSHIP WITH ANOTHER EMPLOYEE WITH WHOM HE OR SHE IS IN A SUPERVISORY OR REPORTING RELATIONSHIP.

FREE THE SLAVES MAINTAINS A CONFLICT OF INTEREST POLICY THAT MUST BE OBSERVED BY STAFF AND BOARD MEMBERS. SHOULD A BOARD OR STAFF MEMBER REPORT A POTENTIAL CONFLICT OF INTEREST, THE MATTER WILL BE REFERRED TO THE BOARD CHAIR AND EXECUTIVE DIRECTOR FOR INVESTIGATION AND ACTION. DEPENDING ON THE FACTS OF THE CASE, ONE OF THE FOLLOWING ACTIONS MAY RESULT:

- A DETERMINATION THAT THE POTENTIAL CONFLICT DOES NOT NOT ACTUALLY MANIFEST OR IS NOT MATERIAL AND NO ACTION IS REQUIRED;
- RECUSING THE STAFF MEMBER OR BOARD MEMBER FROM DECISIONS THAT MAY GIVE THE APPEARANCE OF A CONFLICT OF INTEREST;
- ASKING THAT THE BOARD OR STAFF MEMBER DIVEST THEMSELVES OF INTERESTS THAT MAY CONFLICT WITH THOSE OF FREE THE SLAVES;
- REQUESTING OR REQUIRING THAT THE BOARD OR STAFF MEMBER RESIGN FROM FREE THE SLAVES IF THE CONFLICT CANNOT OTHERWISE BE RESOLVED; OR,
- IMPOSING SANCTIONS, UP TO AND INCLUDING TERMINATION AND SEEKING RESTITUTION, IF THERE HAS BEEN DELIBERATE FAILURE TO DISCLOSE A CONFLICT OF INTEREST AND/OR THE MATERIAL INTERESTS OF FREE THE SLAVES HAVE BEEN HARMED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD MAKES THE OFFER, REVIEWS AND APPROVES THE SALARY OF THE EXECUTIVE DIRECTOR. IN ESTABLISHING THE SALARY OF THE EXECUTIVE DIRECTOR, THE BOARD TOOK INTO ACCOUNT THE SALARY BEING PAID TO THE PREVIOUS EXECUTIVE DIRECTOR AND MARKET TRENDS. DECISIONS WERE DOCUMENTED IN THE BOARD MINUTES. THE LAST PERFORMANCE/COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2013.

Name of the organization

FREE THE SLAVES, INC.

Employer identification number

56-2189635

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE

ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	671.
MANAGEMENT AND GENERAL EXPENSES	19.
FUNDRAISING EXPENSES	5.
TOTAL EXPENSES	695.

LONG-TERM ADVISORS:

PROGRAM SERVICE EXPENSES	148,712.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	148,712.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	385.
MANAGEMENT AND GENERAL EXPENSES	12.
FUNDRAISING EXPENSES	2.
TOTAL EXPENSES	399.

OTHER CONSULTANTS:

PROGRAM SERVICE EXPENSES	126,348.
--------------------------	----------

332212
09-04-13

Name of the organization FREE THE SLAVES, INC.	Employer identification number 56-2189635
--	---

MANAGEMENT AND GENERAL EXPENSES	7,053.
FUNDRAISING EXPENSES	1,318.
TOTAL EXPENSES	134,719.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	284,525.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR DONATION RETURNED	-9,750.
-------------------------------------	----------------

FORM 990, AMENDED RETURN:

THE FORM 990 IS BEING PROVIDED TO ALL MEMBERS OF THE BOARD

PRIOR TO FILING WITH THE IRS.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. FREE THE SLAVES, INC.	Employer identification number (EIN) or 56-2189635
	Number, street, and room or suite no. If a P.O. box, see instructions. 1320 19TH STREET, NW, NO. 600	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

FATOU TOURE

• The books are in the care of **1320 19TH STREET, NW, NO. 600 - WASHINGTON, DC 20036**
Telephone No. **202-775-7480** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	FREE THE SLAVES, INC. 1320 19TH STREET, NW NO. 600 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
Return must be mailed on or before	DECEMBER 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization Name FREE THE SLAVES, INC.		California corporation number 3269002
Address (suite, room, or PMB no.) 1320 19TH STREET, NW, NO. 600		FEIN 56-2189635
City WASHINGTON	State DC	ZIP Code 20036

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16,914.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,667,029.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,683,943.00
	5	Cost of goods sold STMT 3 STMT 2	5	1,097.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	1,097.00
	8	Total gross income. Subtract line 7 from line 4	8	2,682,846.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,542,228.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	140,618.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer EXECUTIVE DIR.	Title	Date	Telephone
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours, if self-employed) and address GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930			FEIN 52-1392008 Telephone (301) 951-9090

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

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE WOODS CHARITABLE FOUNDATION	210 UNIVERSITY BOULEVARD DENVER, CO 80206	12/31/13	163,000.
ALANA DENISON	1441 FULTON ST SAN FRANCISCO, CA 94102	12/31/13	5,000.
ALDEMAR MONTERO	5745 SUNSET MAPLE DR. ALPHARETTA, GA 30005	12/31/13	10,000.
CRISTINA MORAN	185 KILDEER ST. SANDPOINT, ID 83864	12/31/13	5,000.
DAVID THOM	5000 W. PLATTE RIVER DR. DONIPHAN, NE 68832	12/31/13	10,000.
ELIZABETH GRINNELL	154 LAFAYETTE AVE #4 BROOKLYN, NY 11238	12/31/13	5,000.
ELKES FOUNDATION	60 E. 42ND STREET, 38TH FLOOR NEW YORK, NY 10165	12/31/13	165,000.
ETHAN COHEN-COLE	716 CRAGMONT AVE BERKELEY, CA 94708	12/31/13	10,000.
FACT	303 SACRAMENTO STREET SAN FRANCISCO, CA 94111	12/31/13	13,000.
HARMAN FAMILY FOUNDATION	397 SOUTH STREET NEEDHAM, MA 02492	12/31/13	150,000.
HUMANITY UNITED	1991 BROADWAY ST STE 320 REDWOOD CITY, CA 94063-1959	12/31/13	171,600.
JANE COVEY	536 CUNDY'S HARBOR RD. HARPSWELL, ME 04079	12/31/13	8,000.
JOHN TEMPLETON FOUNDATION	300 CONSHOHOCKEN STATE RD WEST CONSHOHOCKEN, PA 19428-3815	12/31/13	5,000.
JOLENE SMITH	14525 SW MILLIKAN WAY #19580 BEAVERTON, OR 97005	12/31/13	5,000.
JOYCE AND JOHN FEENEY	4 MIDDLE COURT MILL VALLEY, CA 94941	12/31/13	5,000.

KERRY CHAMPION	556 HOPKINS ST. MENLO PARK, CA 94025	12/31/13	14,525.
KLING FAMILY FOUNDATION	335 CENTENNIAL WAY STE 100 TUSTIN, CA 92780-3756	12/31/13	35,000.
MUNDITO FOUNDATION	335 W. PONCE DE LEON AVE DECATUR, GA 30030	12/31/13	15,500.
PASSION	515 GARSON DR. NE ATLANTA, GA 30324	12/31/13	61,125.
PATHY FAMILY FOUNDATION	1000 DE LA GAUCHETIERE MONTREAL, QUEBEC, CANADA H3B 4W5	12/31/13	235,000.
PAUL BRILLINGER	114 EAST 13TH ST APT 5C NEW YORK, NY 10003	12/31/13	5,000.
PEARL SCHECHTER	1204 PERRY PARK DR. KINSTON, NC 28501	12/31/13	5,000.
SCHWAB CHARITABLE FUND	101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	12/31/13	300,000.
TARSADIA FOUNDATION	620 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	12/31/13	25,000.
THE CARLA M. AND PAUL S. HUMMEL CHARITABLE FUND	79 PANORAMA CREST AVE LAS VEGAS, NV 89135-7830	12/31/13	10,000.
TOM SHADYAC	221 PARADISE COVE RD MALIBU, CA 90265-8221	12/31/13	145,000.
UNIVERSITY OF CALIFORNIA	10921 WILSHIRE BLVD. 5TH FLOOR LOS ANGELES, CA 90024-6502	12/31/13	6,200.
WELLSPRING ADVISORS	1441 BROADWAY STE 1600 NEW YORK, NY 10018-1905	12/31/13	125,000.
WOMADIX FOUNDATION	90 S. 7TH ST. SE 5300 MINNEAPOLIS, MN 55402	12/31/13	5,000.
WOMEN THRIVE WORLDWIDE	1726 M ST, NW WASHINGTON, DC 20036	12/31/13	10,003.
ZBI EMPLOYEE ALLOCATED GIFT FUND	350 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10022	12/31/13	26,392.
U.S. DEPARTMENT OF STATE	2201 C ST., NW WASHINGTON, DC 20520	12/31/13	451,453.
TOTAL INCLUDED ON LINE 3			<u>2,205,798.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.	1,097	
6.	ADD LINES 1 THROUGH 5		1,097
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		1,097

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 5

ACTIVITY CLASSIFICATION: GRANTS TO FOREIGN ORGANIZATIONS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	121,967.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	38,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	162,396.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	60,640.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	40,401.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	17,421.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	23,699.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	35,725.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	36,462.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	38,819.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	79,983.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	11,541.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	10,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	44,552.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	34,902.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	37,081.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	19,973.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	20,191.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
N/A	N/A	NONE	4,498.

TOTAL FOR THIS ACTIVITY 839,851.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 839,851.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JANE COVEY 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	BOARD CHAIR 1.00	0.
TIM MCCARTHY 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	VICE CHAIR 0.50	0.
HELEN C AMSTRONG 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	SECRETARY 0.50	0.
JERI FLEMING 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	TREASURER 0.50	0.
WILLIAM GREENBAUM 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	BOARD MEMBER 0.50	0.
GARY GOLD-MORITZ 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	BOARD MEMBER 0.50	0.
GREG HAILE 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	BOARD MEMBER 0.50	0.
MAURICE I. MIDDLEBERG 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	EXECUTIVE DIRECTOR 40.00	164,616.
FATOU TOURE 1320 19TH STREET, NW, NO. 600 WASHINGTON, DC 20036	DIRECTOR OF FINANCE AND AD 40.00	40,710.
TOTAL TO FORM 199, PART II, LINE 11		205,326.

FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
TRAINING		25,945.	
VIDEO PRODUCTION		15,813.	
PAYROLL PROCESSING		5,635.	
OTHER EMPLOYEE BENEFITS		28,290.	
LEGAL FEES		341.	
ACCOUNTING FEES		142,892.	
LOBBYING FEES		3,702.	
PROFESSIONAL FUNDRAISING FEES		43,050.	
OTHER PROFESSIONAL FEES		284,525.	
OFFICE EXPENSES		65,484.	
INFORMATION TECHNOLOGY		32,058.	
TRAVEL		141,595.	
CONFERENCES AND CONVENTIONS		8,934.	
INSURANCE		16,346.	
ALL OTHER EXPENSES		21,449.	
TOTAL TO FORM 199, PART II, LINE 17		836,059.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	24,000.	471,942.	
PREPAID EXPENSES AND DEFERRED CHARGES	13,560.	15,416.	
ADVANCES	67,904.	190,408.	
SECURITY DEPOSIT	8,447.	8,447.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	113,911.	686,213.	

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	671,031.	903,496.	
TEMPORARILY RESTRICTED ASSETS	736,780.	635,183.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,407,811.	1,538,679.	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	FREE THE SLAVES, INC. 1320 19TH STREET, NW NO. 600 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	NOVEMBER 17, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 10

GENERAL FUNDRAISING STRATEGY CONSULTING:

CATALAN CONLON CONSULTING
311 ALLISON STREET, NW, WASHINGTON DC 20011

KAE DAKIN CONSULTING
2019 Q STREET, NW, WASHINGTON, DC 20009

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 11

U.S. DEPARTMENT OF STATE
2201 C STREET, NW, WASHINGTON, DC 20520

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	FREE THE SLAVES, INC. 1320 19TH STREET, NW NO. 600 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Mail tax return to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013

**Open to Public
Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2013 and Ending (mm/dd/yyyy) 12/31/2013		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: FREE THE SLAVES, INC.	Employer Identification Number (EIN): 56-2189635
	Mailing Address: 1320 19TH STREET, NW 600	NY Registration Number: 41-80-13
	City / State / ZIP: WASHINGTON, DC 20036	Telephone: 202 775-7480
	Website: WWW.FREETHESLAVES.NET	Email: INFO@FREETHESLAVES.
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>MAURICE MIDDLEBERG</u>	<u>EXECUTIVE DIRECTOR</u>	_____
	Signature	Title	Date
Chief Financial Officer or Treasurer:	<u>JERI FLEMING</u>	<u>TREASURER</u>	_____
	Signature	Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single-check or money order payable to: "Department of Law"
---	---------------------------------	------------------------------------	------------------------------	--

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.

For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2013

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: FREE THE SLAVES, INC.	NY Registration Number: 41-80-13
---	--

2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. DEPARTMENT OF STATE	1. 451,453.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 451,453.