

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

2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">RETRIEVING FREEDOM, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">20360 TANGLE NOOK ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SEDALIA MO 65301</p>	D Employer identification number <p style="text-align: center;">45-3282513</p> E Telephone number G Gross receipts \$ 2,051,710
F Name and address of principal officer: <p style="text-align: center;">ROXIE NORRIS</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u RETRIEVINGFREEDOM.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 2011	M State of legal domicile: MS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO CHANGE LIVES THROUGH THE TRAINING AND PLACEMENT OF SERVICE DOGS FOR DISABLED VETERANS AND CHILDREN WITH AUTISM.</p>	
	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 5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 13
	6 Total number of volunteers (estimate if necessary)	6 100
	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 39	7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,062,475 Current Year 1,731,648
	9 Program service revenue (Part VIII, line 2g)	97,520 89,058
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,108 -181,970
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,949 0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,143,938 1,638,736
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	445,469 782,110
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 139,627	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	362,125 506,463
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	807,594 1,288,573
	19 Revenue less expenses. Subtract line 18 from line 12	336,344 350,163
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,540,258 End of Year 4,634,383
	21 Total liabilities (Part X, line 26)	28,038 2,768,216
	22 Net assets or fund balances. Subtract line 21 from line 20	1,512,220 1,866,167

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 <p style="text-align: center;">ROXIE NORRIS</p> Type or print name and title	Date <p style="text-align: center;">TREASURER</p>
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Paid Preparer Use Only	Print/Type preparer's name ROXIE F. NORRIS	Preparer's signature ROXIE F. NORRIS	Date	Check <input type="checkbox"/> if self-employed	PTIN P01286554
	Firm's name } WILLIAMS, PITTS & BEARD, PLLC	Firm's EIN } 64-0933806			
	Firm's address } 2042 MCINGVALE RD STE A HERNANDO, MS 38632-8706	Phone no. 662-429-4436			

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