Form **990** 

Department of the Treasury Internal Revenue Service Refragon of Organization Exempt From I rome Tax

Inder sectio. (c), 527, or 4947(a)(1) of the Internal Revenue Code (exprivate foundations)

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

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public

Inspection For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization SET FREE ALLIANCE D Employer identification number Address change (F/K/A WATER OF LIFE) Doing business as Name change 20-0202488 Number and street (or P.O. box if mail is not delivered to street address) Initial return PO BOX 16419 864-469-9500 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated GREENVILLE SC 29606 Amended return G Gross receipts \$ 4,008,406 Name and address of principal officer: Application pending SARAH KELLEY H(a) Is this a group return for subordinates? 2 CHABLIS CT H(b) Are all subordinates included? MAULDIN SC 29662 If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) ( )\_(insert no.) 4947(a)(1) or 527 WWW.SETFREEALLIANCE.ORG Website: H(c) Group exemption number X Corporation Trust Form of organization: Association Other Year of formation: 2003 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROVIDES ACCESS TO CLEAN WATER AND RESCUING CHILDREN FROM CHILD SLAVERY, Activities & Governance WHILE OFFERING THE MESSAGE OF THE GOSPEL OF JESUS CHRIST. 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 9 5 6 Total number of volunteers (estimate if necessary) ..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 3,503,847 3,465,696 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 220,454 424,797 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,724,301 3,890,493 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 455,026 497,481 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 598,094 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,242,486 3,593,832 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,697,512 4,091,313 Revenue less expenses. Subtract line 18 from line 12 26,789 -200,820 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 334,012 144,093 21 Total liabilities (Part X, line 26) 15,398 26,299 22 Net assets or fund balances. Subtract line 21 from line 20 318,614 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 Signature of officer Date Here SARAH KELLEY CEO Type or print name and title Print/Type preparer's name Preparer's signature Check PTIN Paid TONI R MCKINLEY TONI R MCKINLEY 05/09/24 self-employed P01030704 Preparer MCKINLEY, COOPER & CO., LLC 27-2826067 Firm's FIN Use Only 777 LOWNDES HILL RD BLDG. GREENVILLE SC 29607-2131 864-233-1800

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	rm 990 (2023) SET FREE ALL:		20-02( 88	Page <b>2</b>
F	Part III Statement of Program	n Service Accomplishment	S	
	Check if Schedule O c	<u>ontains a response or note to</u>	o any line in this Part III	X
1	Briefly describe the organization's mis	sion:		
	PROVIDES ACCESS TO C WHILE OFFERING THE M	LEAN WATER AND RE ESSAGE OF THE GOS	SCUES CHILDREN FROM PEL OF JESUS CHRIST.	CHILD SLAVERY,
	•			***************************************
2		nificant program services during the	e year which were not listed on the	
	prior Form 990 or 990-EZ?		·	Yes X No
2	If "Yes," describe these new services			
3			· · · <del>-</del>	
	If "Yes," describe these changes on So	chedule O.	·	Yes X No
4	<u> </u>		fits three largest program services, as me	asured by
	expenses. Section 501(c)(3) and 501(c)	(4) organizations are required to re	eport the amount of grants and allocations	to others
	the total expenses, and revenue, if any	, for each program service reported	d.	3 34.5,5,
] ; ! !	DURING 2021 IN INDIA WITH LOCAL PASTORS A FO THE PEOPLE IN THE RESCUE AND CARE FOR	ND DRILL CREWS TO AREA. WHILE IN T CHILDREN IN SLAVE	ERRA LEONE, SET FRÈE PROVIDE FRESH, CLEAI	N DRINKING WATER EAMS ALSO WORK TO E ALSO SUPPORTS EL WITH UNREACHED
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4b	(Code: ) (Expenses \$	including gran	nts of \$ ) (Rev	venue \$)
L	V.A			
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
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	(Code:) (Expenses \$	including gran	nts of \$	renue \$)
	· · · · · · · · · · · · · · · · · · ·	***************************************	•••••	•••••
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	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
				•••••
4d	Other program services (Describe on So			
		including grants of \$	) (Revenue \$	)
4e	Total program service expenses	3,319,159		

Part IV

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#### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 $\mathbf{X}$ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f | X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes;" complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

## Form 990 (2023) SET FREE ALLIA Part IV Checklist of Required Sc 3) SET FREE ALLIA : Checklist of Required Schedules (continued)

				$\neg$
22	and the state of t		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	A about compensation of the	22	+	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24	amount of more than		<del> </del>	122
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24h			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	+==
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		<b>†</b>	+
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
258	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
1.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
L	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?			
26	If "Yes," complete Schedule L, Part I	25b		x
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28		27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key ampleyee, and exceptions).			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	Sections 301 7701-2 and 301 7701-32 If "Vos." complete Schoolste D. D. J. J.			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1			77
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{\mathbf{x}}{\mathbf{x}}$
b	in 165 to line 55d, did the biganization receive any payment from or angage in any transportion with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b	İ	
36	The organization of the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	İ	x
37	bid the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37	l	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11h and	1 1		
<u> </u>	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Pa	Statements Regarding Other IRS Fillings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
		······	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		· • • • • • • • • • • • • • • • • • • •	.,0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	A-00000000	200000000000000000000000000000000000000
AA				

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	Part V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)				No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	********
3	The very sum of the contract			2-	T	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 -		3b		1
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other	author	itv over.			1
	a financial account in a foreign country (such as a bank account, securities account, or other financia	il accoi	unt)?	4a		x
	o If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
5a	any time during the tax year?			5a		X
k	and the distribution is a party to a prohibited tax sheller transaction					X
6.				5c		
68	greater than \$100,000, and the traction of the	ne				
-	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
Ŀ	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ons or				
7	***************************************			6b		
, a	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gand services provided to the payor?	goods				
b	***************************************			7a		
c			· · · · · · · · · · · · · · · · · · ·	7b		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1		7c	3 0000000000000000000000000000000000000	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	7d	0			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ontract	· · · · · · · · · · · · · · · · · · ·	7e		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file For	dUL! 		7f	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	as required?	7g	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by th	e a FOITH 1098-C?	7h		
	snonsoring organization have excess hysinoss holdings at any time at winner.	-				
9	Sponsoring organizations maintaining donor advised funds.			8		
а	Did the sponsoring organization make any taxable distributions under section 49662			00		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•••••••	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	000000000000000000000000000000000000000	,0000000000000000000000000000000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		• • • • • • • • • • • • • • • • • • • •	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b 15	The feet, that it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration payment(s) during the year?					
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.					
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yos." complete Form 4720. School to O	ncome	?	16		X
17	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ies				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				·	

2.53.53	m 990 (2023) <b>SET FREE ALLI E</b> 20-02 488				F	Page
	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b	below, and	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on Scl	nedule O. S	ee ins	tructi	ons.
_	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			X
Se	ction A. Governing Body and Management					
					Yes	No
1 a	at the drift day year	1a	9	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	and the second s	. 1b	9	_		
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
4	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?		4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?			5	ļ	X
7a	***************************************			6		X
, ,	one or more members of the governing body?					
b				7a		X
~	stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			7b	000000000	X
а	The governing body?	year by tr	ne following:		37	
b	Each committee with authority to act on hehalf of the governing body?			8a	X	┼
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			8b	X	-
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					-
Sec	ction B. Policies (This Section B requests information about policies not required by the Int	ernal R	evenue Co	9		X
	personal to the state of the st	orrarr	overiue oc	ue.)	Yes	N.
10a	Did the organization have local chapters, branches, or affiliates?			10a	165	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		ina the fo	rm?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	R00000000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		••••			
	describe on Schedule O how this was done			12c	X	ĺ
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		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.	?				
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers of key employees of the organization			15b		X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
b	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?					
Sec	organization's exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	section 5	U1(C)			
	Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intermediate of the conflict of the					
	and financial statements available to the public during the tax year.	erest poli	cy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cordo				
		vius.				

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

	i	- 1							,	
(A)	(B)		(C) Position							,
Name and title	Average		(do not	check	more	e than o	one	(D)	(E)	(F)
	hours		ox, un	less p	erson	is both	n an	Reportable	Reportable	Estimated amount
	per week			and a	direct	or/trust	tee)	compensation from the	compensation	of other
	(list any	or o	lnd lnd	9	€ e	B,E	T	organization (W-2/	from related organizations (W-2/	compensation
	hours for related	dire		Officer	e	plos	Former	1099-MISC/	1099-MISC/	from the organization and
	organizations	할	9		무	e 8	٦	1099-NEC)	1099-NEC)	related organizations
	below	6	5 5		Key employee	픭				
	dotted line)	or director	nstitutional trustee			Highest compensated amployee				
			o o			ted				
(1) SARAH KELLEY	1									
	40.00			1						
CEO	0.00	1		X				102,769		,
(2) JOSH CHRISTIAN			1-					102,769	0	0
(=)	1.00	-								
BOADD ACTIONS										
BOARD MEMBER	0.00	X						0	0	0
(3) CAROL GRAHAM										
	1.00	ĺ					- 1			
BOARD MEMBER	0.00	X						. 0	ام	
(4) JUSTIN HILL			1					. 0	0	0
, ,	1.00						1			
TREASURER	1									
	0.00	X	$\perp$					0	0	0
(5) PHIL HOLTJE				l			- 1			
	1.00	İ	1 1	- [			- 1			
BOARD MEMBER	0.00	X		j			- 1	0		
(6) BETH JACKSON							-		0	0
	1.00			l	ł					
BOARD MEMBER	0.00	7.7			l					
(7) ALISON LOWRY	0.00	X				_		0	0	0
(/)ALISON LOWRY						- 1	- 1			
	1.00				- 1	ı	- [			
BOARD MEMBER	0.00	X		- 1	- 1			0		_
(8) SHANA SANDS							$\neg$		0	0
	1.00				ł					
BOARD MEMBER	0.00	x			- 1					
(9) GREG SZABO	0.00	^		$\dashv$				0	0	0
(a) CITTLE STATE	4 00		l			l				
	1.00	.				İ				
BOARD CHAIR	0.00	X			İ			O	0	
(10) GEOFF WASSERMAN										0
İ	1.00									
BOARD MEMBER	0.00	$\mathbf{x}$								
(11) ROLAND BERGERON	0.00	~		-	$\dashv$		+	0	0	0
(1) TOTALD DERGERON										
	1.00									
PRESIDENT/FOUNDER	0.00			X				o	0	^
								<u> </u>	<u> </u>	0

Part VII Section A. Officers	s, Directors	ste	es, k	(ey E	Emp	loye	es, a	nd Highest Compensate	nployees (continued)	Page
(A) Name and title	Name and title Average hours per week		Position (do not check more than box, unless person is bot officer and a director/trus					(D)  Reportable  compensation  from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								102,769		
c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, S	ectio	on A	٠	• • • • •			102,769		
Total number of individuals (increportable compensation from total)	luding but not lir	nited	d to t	hose	elist	ed al	oove	) who received more than S	\$100,000 of	
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization individual</li> <li>Did any person listed on line 1a for services rendered to the org</li> </ul>	mer officer, direcomplete Schedo 1a, is the sum of zations greater the control of the control receive or accruanization? If "Ye	ector, ule J of rep han	trus for a porta \$150	such ble o 0,000  ensa	indi comp 0? If 	vidua ensa "Yes  from	al ation s," co  anv	and other compensation fi	rom the h	3 X 4 X 5 X
1 Complete this table for your five	S									
compensation from the organiza	ation. Report cor	nper	nsati	on fo	or the	e cal	enda	er year ending with or withir	n the organization's tax yea	r.
Name and bi	A) usiness address				<del></del>			Descriptio	(B) on of services	(C) Compensation
2 Total number of independent co	ntractors (includ	ing t	out n	ot lin	nited	to ti	hose	listed above) who		

		Check	if Scl	nedule O con	tains	a response or no	te to any line in th	nis Part VIII		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	tuts 1	a Federated cam	paign	S	1a					
Gra	no I	<b>b</b> Membership du	ies		1b					
'n.	A B	c Fundraising eve	ents		1c					
Ħ.	ä	d Related organiz	ations	5	1d					
ź.	틸	e Government grants (c	ontributi	ons)	1e					
ţį	S	f All other contributions		rants, led above	4.5	3 465 60	6			
g.	<u> </u>	g Noncash contributions			1f	3,465,69	<u> </u>			
늗.	9	lines 1a-1f								
<u>ഗ</u> _	ਲ	h Total. Add lines	1a-1	<u>f</u>			3,465,696	5		
						Business Co	de			
ဗ္	2	a								
Program Service	ا و	b								
E	Yen Yen	c								
ğ	일 '	d								
F S	•									
		f All other program								
	3								т	
	3			_						
	4	other similar am Income from inv							<del> </del>	
	5					proceeds				
	"	rtoyaldes	<u> </u>	(i) Real		(ii) Personal				
	68	Gross rents	6a	(i) ricui		(ii) i ersonal	$\dashv$			
	b		6b				-			
	1	Rental inc. or (loss)	6c				+			
	d		e or (	loss)						
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets other than inventory	7a							
ne	b	Less: cost or other								
/en		basis and sales exps.	7b							
Re	С	Gain or (loss)	7c							
Other Revenue	d	Net gain or (loss	)							
₹	8a	Gross income from	fundra	ising events						
		(not including \$								
		of contributions rep		on line						
	<b>!</b> .	1c). See Part IV, lin			8a	542,710				
		Less: direct expe			8b	117,913				
					events		424,797			
	ya.	Gross income fro								
	h	activities. See Pa			9a 9b		-			
		Less: direct expe								
	1	Gross sales of in			iues					
	100	returns and allow			10a					
	b	Less: cost of goo			10b					
		Net income or (lo								
,			/			Business Code				
6	11a									
ä	b									
Revenue	С									
4	d	All other revenue								
		,					3,890,493	0	0	<u> </u>

#### 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, (A) (B) Program service (C) Management and (D) Fundraising Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 102,769 46,246 10,277 46,246 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 394,712 50,464 66,343 277,905 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... q Payroll taxes Fees for services (nonemployees): Management Legal Accounting \_\_\_\_\_ Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,365,134 3,194,169 170,965 Advertising and promotion ..... 12 Office expenses ..... 13 130,681 4,092 34,132 92,457 Information technology ..... 14 15 Royalties Occupancy 16 Travel \_\_\_\_\_ 17 29,012 17,234 1,257 10,521 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FACILITIES AND EQUIPMENT 34,468 34,468 OTHER EXPENSE b 27,583 27,583 MISSION TRIPS C 6,954 6,954 e All other expenses Total functional expenses. Add lines 1 through 24e 25 4,091,313 3,319,159 174,060 598,094 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 Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-Interest-bearing 319,728 1 143,128 Savings and temporary cash investments 9,330 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 2,854 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use ...... 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 10b 10c Investments—publicly traded securities ..... 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 \_\_\_\_\_ 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 2,100 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 334,012 144,093 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 15,398 26,299 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 15,398 26 26,299 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, Net assets without donor restrictions 27 309,284 116,829 Net assets with donor restrictions ..... 9,330 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances ..... 318,614 32 117,794 Total liabilities and net assets/fund balances ..... 334,012 33 144,093

Form 990 (2023)

For	rm 990 (2023) <b>SET FREE ALLI E</b> 20-02 488				
P	Part XIII Reconciliation of Net Assets			Pa	age <b>1</b>
	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 . 1		90,	10:
2	Total expenses (must equal fall IX, Column (A), line 25)	1 - 1	4 0	91,	31:
3			-2	200,	312
4	rict assets of fund balances at beginning of year (must equal Part X, line 32, column (A))	1 4 1		18,	
5	Net unrealized gains (losses) on investments	1 - 1			014
6	2 Shated 30 Violes and 436 of facilities	6			
7		7			
8	i noi penod adjustinents				
9	other changes in riet assets of fund balances (explain on Schedule O)	9			
10	Not assets of fulfid balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	32, column (B))	10	1	17,	794
H	Financial Statements and Reporting				134
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	x	
С	separate basis Consolidated basis Both consolidated and separate basis				
Ŭ	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 on	• • • • • • • • • • • • • • • • • • • •	2c	х	
3а	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				\ <b>\</b> \
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		X
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		0,		

#### **SCHEDULE A** (Form 990)

Department of the Treasury

# Pu c Charity Status and Public ipport

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Internal Revenue Service Name of the organization

SET FREE ALLIANCE

(F/K/A WATER OF LIFE) 20-0202488

Part I Rea	son for Public Charity	<b>y Status.</b> (All organization	is must comple	te this part.) See instructi	ons.							
The organization is no	ot a private foundation becau	use it is: (For lines 1 through 12,	check only one b	ox.)								
		sociation of churches described		)(1)(A)(i).								
		<b>)(A)(ii).</b> (Attach Schedule E (For										
		vice organization described in se										
4 A medical r		ed in conjunction with a hospital	described in sect	ion 170(b)(1)(A)(iii). Enter the	hospital's name,							
		of a college or university owner	d or operated by a	governmental unit described in								
section 176	0(b)(1)(A)(iv). (Complete Pa	rt II.)										
6 A federal, s	tate, or local government or	governmental unit described in	section 170(b)(1)	(A)(v).								
7 X An organiza described in	ation that normally receives a n section 170(b)(1)(A)(vi). (0	a substantial part of its support f Complete Part II.)	rom a governmen	al unit or from the general publi	ic .							
		170(b)(1)(A)(vi). (Complete Pa										
9 An agricultu or university university:	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
receipts fror support fron	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.)											
		exclusively to test for public sa										
12 An organiza	tion organized and operated	exclusively for the benefit of, to tions described in section 509(	perform the funct	ions of, or to carry out the purp	oses of							
the box on li	nes 12a through 12d that de	scribes the type of supporting o	organization and co	omplete lines 12e, 12f, and 12g	•							
the supp	ported organization(s) the po	erated, supervised, or controlle wer to regularly appoint or elect complete Part IV, Sections A a	a majority of the	organization(s), typically by giv directors or trustees of the	ing							
control c	or management of the suppo	upervised or controlled in conne rting organization vested in the Part IV, Sections A and C.	ection with its supp same persons tha	orted organization(s), by having t control or manage the suppor	g ted							
c Type III its suppo	functionally integrated. A sorted organization(s) (see ins	supporting organization operate structions). <b>You must complet</b> e	d in connection wi	th, and functionally integrated v	vith,							
d Type III that is no	non-functionally integrated of functionally integrated. The	d. A supporting organization open organization open organization generally must s	erated in connecti atisfy a distribution	on with its supported organization requirement and an attentiven	on(s) Jess							
		must complete Part IV, Section ceived a written determination from										
functions	ally integrated, or Type III no	n-functionally integrated suppor	ting organization.	is a Type i, Type ii, Type iii								
f Enter the nu	mber of supported organizat	ions										
g Provide the f	following information about the	ne supported organization(s).										
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?	support (see	(vi) Amount of other support (see							
•			Yes No	instructions)	instructions)							
(A)												
(B)												
(C)												
(D)												
(E)												
Total												
	on Act Notice, see the Instruct	ions for Form 990 or 990 E7	4 <b>-</b>	<u> </u>								

Schedule A (Form 990) 2023 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.)

Se	ction A. Public Support						
Calc	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,479,476	3,045,997	3,322,156	3,503,847	3,465,69	
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 turnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,479,476	3,045,997	3,322,156	3,503,847	3,465,69	15,817,172
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)						2,280,860
6	Public support. Subtract line 5 from line 4						13,536,312
	ction B. Total Support	( ) 00/0					
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,479,476	3,045,997	3,322,156	3,503,847	3,465,69	15,817,172
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			109			109
11	Total support. Add lines 7 through 10						15,817,281
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2023 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	85.58%
15	Public support percentage from 2022 Sche	edule A, Part II, line	e 14 <sub></sub>			15	86.31%
16a	33 1/3% support test — 2023. If the organ	nization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and <b>stop here</b> . The organization quali	fies as a publicly s	upported organiza	tion			X
b	33 1/3% support test — 2022. If the organ	nization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or n	nore, check	
	this box and <b>stop here.</b> The organization of	qualifies as a public	cly supported orga	nization			
17a	10%-facts-and-circumstances test — 20	23. If the organizat	tion did not check	a box on line 13, 1	6a, or 16b, and lin	e 14 is	
	10% or more, and if the organization meet	s the facts-and-circ	cumstances test, c	heck this box and	stop here. Explain	n in	
	Part VI how the organization meets the fac	ts-and-circumstan	ces test. The orga	nization qualifies a	is a publicly suppo	rted	
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization	22. If the organizat meets the facts-ar	tion did not check id-circumstances t	a box on line 13, 1 est, check this box	6a, 16b, or 17a, a cand <b>stop here.</b> E	nd line Explain	······································
	in Part VI how the organization meets the forganization					•	
18	<b>Private foundation.</b> If the organization did	I not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e	
	instructions					• • • • • • • • • • • • • • • • • • • •	

Part III

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

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

	ction A. Public Support		o tooto notou	bolow, picase (	complete Fart I		
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(0) 2020	(i) rotal
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(1-) 0000		I	1	
9	Amounts from line 6		<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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			·			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First 5 years. If the Form 990 is for the org	ganization's first	ocond third for			\(\(\)	
. ~	organization, check this box and <b>stop here</b>				•	, , ,	
Sec	tion C. Computation of Public Su		age	• • • • • • • • • • • • • • • • • • • •			
15	Public support percentage for 2023 (line 8,			nn (f))		45	
16	Public support percentage from 2022 Sche	edule A, Part III. lin	e 15		• • • • • • • • • • • • • • • • • • • •	15	<u>%</u>
	tion D. Computation of Investme	nt Income Per	centage			16	%
17	Investment income percentage for 2023 (li	ne 10c, column (f).	divided by line 13	3. column (f))		17	0/
	nvestment income percentage from 2022 S	Schedule A, Part III					<u>%</u>
	<b>33 1/3% support tests</b> — <b>2023.</b> If the orga			e 14. and line 15 i	s more than 33 1/	3% and line	%%
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	jualifies as a nublic	cly supported orga	nization	
b	33 1/3% support tests — 2022. If the orga	anization did not ch	neck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check thi	is box and <b>stop he</b>	re. The organizati	on qualifies as a p	ublicly supported	organization	
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or	19h check this ho	v and see instructi	one	

### Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Yes	No
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1		
	*************	200000000000000000000000000000000000000
	***********	**********
_2		
3a		i
		5000000000000
26		
3b		
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3c		i
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9a		
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9a		
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9a 9b		
9a 9b		
9a 9b 9c		

	dule A (Form 990) 2023 SE'I REE ALLIANCE	20-02024	88 Page
Pa	rt IV Supporting Organizations (continued)		- rage
	Has the organization accepted a gift or contribution from any of the folk A person who directly or indirectly controls, either alone or together with 11c below, the governing body of a supported organization?  A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above provide detail in Part VI.	persons described on lines 11b and	11a 11b 11c
	en en en en en en en en en en en en en e		
2	Did the governing body, members of the governing body, officers acting more supported organizations have the power to regularly appoint or eledirectors, or trustees at all times during the tax year? If "No," describe in effectively operated, supervised, or controlled the organization's activities organization, describe how the powers to appoint and/or remove officers supported organizations and what conditions or restrictions, if any, appl. Did the organization operate for the benefit of any supported organization organization(s) that operated, supervised, or controlled the supporting of the way providing such benefit carried out the purposes of the supported	ect at least a majority of the organization's officers, a <b>Part VI</b> how the supported organization(s) as. If the organization had more than one supported as, directors, or trustees were allocated among the sed to such powers during the tax year. In other than the supported organization? If "Yes," explain in <b>Part</b>	Yes No
Sect	supervised, or controlled the supporting organization.		2
1	were a majority of the organization's directors or trustees during the tax or trustees of each of the organization's supported organization(s)? If "Normanagement of the supporting organization was vested in the same pathe supported organization(s).  In D. All Type III Supporting Organizations	o," describe in <b>Part VI</b> how control	Yes No
			Yes No
2	Did the organization provide to each of its supported organizations, by the organization's tax year, (i) a written notice describing the type and amout year, (ii) a copy of the Form 990 that was most recently filed as of the decorganization's governing documents in effect on the date of notification, Were any of the organization's officers, directors, or trustees either (i) an organization(s) or (ii) serving on the governing body of a supported organization(s) or (iii) serving on the governing body of a supported organization(s) or (iii) serving on the governing body of a supported organization(s) or (iii) serving on the governing body of a supported organization(s) or (iii) serving on the governing body of a supported organization(s) or (iii) serving on the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of a supported organization or the governing body of	nt of support provided during the prior tax te of notification, and (iii) copies of the to the extent not previously provided?  spointed or elected by the supported in Part VI	1
3	how the organization maintained a close and continuous working relation. By reason of the relationship described on line 2, above, did the organiz a significant voice in the organization's investment policies and in directi income or assets at all times during the tax year? If "Yes," describe in Posupported organizations played in this regard.	ation's supported organizations have ng the use of the organization's art VI the role the organization's	3
Sect	on E. Type III Functionally Integrated Supporting Orgar	izations	
1 a b c	Check the box next to the method that the organization used to satisfy the The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations.  The organization supported a governmental entity. Describe in Part Activities Test. Answer lines 2a and 2b below.	Complete <b>line 3</b> below. <b>VI</b> how you supported a governmental entity (see instru	
а	Did substantially all of the organization's activities during the tax year direction the supported organization(s) to which the organization was responsive? those supported organizations and explain how these activities direction how the organization was responsive to those supported organizations, at that these activities constituted substantially all of its activities.	If "Yes," then in <b>Part VI identify</b> Ily furthered their exempt purposes, and how the organization determined	2a
ь 3	Did the activities described on line 2a, above, constitute activities that, be involvement, one or more of the organization's supported organization(s) "Yes," explain in <b>Part VI</b> the reasons for the organization's position that is have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	would have been engaged in? If	2b
а	Did the organization have the power to regularly appoint or elect a majori trustees of each of the supported organizations? If "Yes" or "No," provide Did the organization exercise a substantial degree of direction over the p	details in Part VI.	3a
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role player		01-

Sched	ule A (Form 990) 2023 SE1 REE ALLIANCE		20-0202	<b>488</b> Page	∍ 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	itions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20,	1970 (explain in Part VI). S	See	
	instructions. All other Type III non-functionally integrated supporting organizations mu	ust com	plete Sections A through E		
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			į.	
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a	,		
t	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
c	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
-	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated	d Type I	Il supporting organization		

Schedule A (Form 990) 2023

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 . c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

Page 8

Part VI	III, line 12; Part IV, So B, lines 1 and 2; Part 3a, and 3b; Part V, lir	ection A, lines 1, 2, 3b, : IV, Section C, line 1; F	. 3c, 4b, 4c, 5a, Part IV, Section , line 1e; Part V	6, 9a, 9b, 9c, 11a, D, lines 2 and 3; F /, Section D, lines 5	10; Part II, line 17a or 17b 11b, and 11c; Part IV, Sec art IV, Section E, lines 1c, 6, 6, and 8; and Part V, Sec enstructions.)	ction 2a, 2b,
PART I	I, LINE 10 - C	OTHER INCOME D	ETAIL			
MISCEL	LANEOUS		\$	109		
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#### Schedule B (Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Name of the organization

SET FREE ALLIANCE (F/K/A WATER OF LIFE) Employer identification number

20-0202488

Organization type (check one): Filers of: Section: 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Schedule B (Form 990) (2023)

Name of organization

SET FREE ALLIANCE

Employer identification number 20-0202488

Part	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	BROOKWOOD CHURCH 580 BROOKWOOD POINT PLACE SIMPSONVILLE SC 29681	\$ 864,206	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
2	ANTHONY AND ELSIE CICONE 510 FOOTHILLS RD  GREENVILLE SC 29617	\$ 95,117	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GRACE CARES FOUNDATION 951 S PINE ST SUITE 251 SPARTANBURG SC 29302	\$ 80,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
4	PHIL AND JAMIE HOLTJE 70 HILL TOP LN  ROCKLEDGE FL 32955	\$ 146,656	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA GA 30009	\$ 203,956	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NORTH HILLS CHURCH 4952 EDWARDS RD TAYLORS SC 29687	\$ 130,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

SET FREE ALLIANCE

Employer identification number 20-0202488

Part	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MATT AND STACIA RITTER 201 TORRENCE CHAPEL RD GREER SC 29651	\$ 101,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## applemental Financial State ... Ints

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

Attach to Form 990.

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

2023
Open to Public

Name of the organization Employer identification number SET FREE ALLIANCE (F/K/A WATER OF LIFE) 20-0202488 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Schedule D (Form 990) 2023 SET FRE			•	20-020	2488			D	age 2
Part III Organizations Maintain	ing Collections of	of Art, Historical	Treasures.	or Other S	Similar A	ssets	(contin	(hall	age 4
3 Using the organization's acquisition, acce collection items (check all that apply).	ession, and other recor	ds, check any of the fo	ollowing that r	nake significa	nt use of it	S	COILLII	<u>16u)</u>	
a Public exhibition	d $\Box$	Loan or exchange pr	ogram						
b Scholarly research	e l	Other	ogram						
c Preservation for future generations		Outer							
4 Provide a description of the organization's	collections and expla	in how thou further the		1					
XIII.	conections and expla	in now they further the	e organization	s exempt pur	pose in Pa	rt			
	it or rossius danstisses	-6 - 1 1 1 1 1 1 1							
j j,	it or receive donations	of art, historical treas	ures, or other	similar				_	-
assets to be sold to raise funds rather tha  Part IV Escrow and Custodial A	n to be maintained as	part of the organization	n's collection	<u>?</u>		<i></i>	Ye	s	No
Part IV Escrow and Custodial A Complete if the organizati		s" on Form 990, P	art IV, line	9. or report	ed an an	ount o	n Form		
990, Part X, line 21.									
1a Is the organization an agent, trustee, custo	odian or other interme	diary for contributions	or other asse	ts not					
							Ye		No
b If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table.						• <u> </u>	] NO
		Ü					Amount		
c Beginning balance					1c		Amount		
d Additions during the year				• • • • • • • • • • • • • • • • • • • •	16				
e Distributions during the year			• • • • • • • • • • • • • • • • • • • •		1d				
Distributions during the year  f Ending balance					1e				
f Ending balance  2a Did the organization include an amount on	Form 990 Part V line	21 for coordinate and			1f				<del></del>
h If "Yes" explain the arrangement in Part Y	III Chock born if the a	e Z I, lor escrow or cu	stodiai accour	nt liability?			Ye	s	No
b If "Yes," explain the arrangement in Part X  Part V Endowment Funds	in. Check here if the e	xpianation has been p	provided on P	art XIII					
Complete if the organization	on answered "Vec	" on Form 000 D	ont IV   I'm = 1	10					
Complete if the organization									1
12 Paginning of warmhalana	(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three year	s back	(e) Four	years t	ack
1a Beginning of year balance									
<b>b</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 cu	rrent year end balanc	e (line 1g, column (a))	) held as:						
a Board designated or quasi-endowment	%								
<b>b</b> Permanent endowment %									
c Term endowment %									
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a Are there endowment funds not in the poss		ition that are held and	l administerer	I for the					
organization by:	3	and and and	danimiotoroc	i ioi tile			Г		
(i) Unrelated organizations?								Yes	No
(ii) Related organizations?	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			3a(i)		
b If "Yes" on line 3a(ii), are the related organi.	zations listed as roqui	rod on Schodula DO					3a(ii)		
4 Describe in Part XIII the intended uses of the	o organization's and	red on Schedule R?		• • • • • • • • • • • • • • • • • • • •			3b		
Part VI Land, Buildings, and Equ		wment tunas.		·				· · ·	
Complete if the organizatio	n answered Yes			1a. See Fo	<u>orm 990,</u>	Part X	, line 10	)	
Description of property	(a) Cost or other b	( , ,	1	(c) Accun	nulated		(d) Book v	alue	
	(investment)	(oth	er)	depreci	ation				
1a Land									
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment									
e Other				•		1			
otal. Add lines 1a through 1e. (Column (d) must		Y line 10e column (	D11						

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part X, line 12.  (c) Method of valuation:
(4) Financial d	(including name of security)		Cost or end-of-year market value
1) Financial de	erivatives		
	d equity interests		
/^\			
(D)			
(C)			
(D)			
(ר.)	***************************************		
	40		
	(b) must equal Form 990, Part X, line 12, col. (B))		
	Investments – Program Related  Complete if the organization answered "Vos" or	Earm 000 Dort IV III	20 11 a Cara Farra 200 B 4 3 4 11
	Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	
	(4) 2 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(1)			Jos, market value
(2)			
(3)			
(4)			
(5)			
(6)			
7)			
(8)			
(9)	(h) must equal Form 000 Port V line 12 and (D))		
	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
(9) otal. <i>(Column (</i> Part IX	Other Assets	Form 990 Part IV lin	te 11d See Form 990 Part V line 15
9) otal. (Column ( Part IX		Form 990, Part IV, lin	
9) otal. (Column ( Part IX	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
9) otal. (Column ( Part IX	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
9) otal. (Column ( Part IX  1) 2)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
9) otal. (Column ( Part IX  1) 2) 3)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
9)  otal. (Column (  Part IX  1) 2) 3) 4)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
19)  otal. (Column (  Part IX  1) 2) 3) 4) 5) 6)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
19)  Part IX  1) 2) 3) 4) 5)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
(9) otal. (Column ( Part IX  (1) (2) (3) 4) 5) 6) 7)	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
(9) otal. (Column ( Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" or (a) Description	Form 990, Part IV, lin	
(9) otal. (Column ( Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (	Other Assets Complete if the organization answered "Yes" or	Form 990, Part IV, lin	
(9) otal. (Column (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets  Complete if the organization answered "Yes" or  (a) Description  .  b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes" on		(b) Book value
19) otal. (Column ( Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column ( Part X	Other Assets Complete if the organization answered "Yes" or (a) Description  b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on ine 25.		(b) Book value
9)  part IX  1) 2) 3) 4) 5) 6) 77 3) btal. (Column (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		(b) Book value
9)  otal. (Column (  Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (  Part X  (  (  (  )  (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
9)  otal. (Column (  Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (  Part X  (  (  (  (  (  (  (  (  (  (  (  (  (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
9)  otal. (Column (  Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
9)  otal. (Column (  Part IX  1) 2) 3) 4) 55) 66) 77) 8) 9) otal. (Column (  Part X  ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
9)  otal. (Column (  Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  tal. (Column (  (  (  (  (  (  (  (  (  (  (  (  (	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
1) Part IX  1) 2) 3) 44) 55) 66) 77) 88) 99) 91tal. (Column (i	Other Assets Complete if the organization answered "Yes" or (a) Description  (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities Complete if the organization answered "Yes" on ine 25.  (a) Description of liabilities		e 11e or 11f. See Form 990, Part X,
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		0-0202488 Page 4
	udited Financial Statements With Rev	enue per Return
	ered "Yes" on Form 990, Part IV, line 12a	The state of the s
1 Total revenue, gains, and other support per audited fi	******************************	1 3,890,493
2 Amounts included on line 1 but not on Form 990, Part		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e 2 200 400
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but</li></ul>	Const on Box 4.	3 3,890,493
a Investment expenses not included on Form 990, Part	l l	
b Other (Describe in Part XIII.)	VIII, line 7b 4a 4b	
		40
5 Total revenue. Add lines 3 and 4c. (This must equal F	 Form 990. Part I. line 12.)	5 3,890,493
Part XII Reconciliation of Expenses per A	Audited Financial Statements With Fx	penses per Return
Complete if the organization answe	ered "Yes" on Form 990, Part IV, line 12a	L.
Total expenses and losses per audited financial stater		4 004 046
2 Amounts included on line 1 but not on Form 990, Part		
a Donated services and use of facilities		
b Prior year adjustments	2b	
c Other losses		
d Other (Describe in Part XIII.)	2d	2
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3 4,091,313
4 Amounts included on Form 990, Part IX, line 25, but n	ot on line 1:	
a Investment expenses not included on Form 990, Part		
		10000000000
b Other (Describe in Part XIII.)	4b	
b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal		4c 5 4,091,313
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal  Part XIII Supplemental Information	Form 990, Part I, line 18.)	5 4,091,313
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9 ; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als PART X - FIN 48 FOOTNOTE	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; co complete this part to provide any additional info	Part V, line 4; Part X, line rmation.  CERTAIN TAX POSITIONS
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information rovide the descriptions required for Part II, lines 3, 5, and 9; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als PART X - FIN 48 FOOTNOTE  THE ORGANIZATION RECOGNIZES  ONLY IF IT IS MORE-LIKELY-TH.  ON EXAMINATION BY THE TAXING  THE POSITION. THE ORGANIZATION  VARIOUS TAXING AUTHORITIES.	Form 990, Part I, line 18.)  Part III, lines 1a and 4; Part IV, lines 1b and 2b; co complete this part to provide any additional info  THE TAX BENEFITS FROM UN  AN-NOT THAT THE TAX POSI  AUTHORITIES, BASED ON TOON'S INCOME TAX FILINGS  MANAGEMENT BELIEVES THE	Part V, line 4; Part X, line rmation.  CERTAIN TAX POSITIONS  TION WILL BE SUSTAINED  HE TECHNICAL MERITS OF  ARE SUBJECT TO AUDIT BY  ADOPTION OF ASC 740-10
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Schedule D (Form 990) 2023 SET FRE	ALLIANCE	20-0202488	Page :
Part XIII Supplemental Informat	i <b>on</b> (continued)		rage
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#### SCHEDULE F (Form 990)

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.

OMB No. 1545-0047 **2023** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

SET FREE ALLIANCE

(F/K/A WATER OF LIFE)

Employer identification number

Part I G	eneral Informatio	n on Activities C	outside the	United States.	Complete if the organization ansv	488 wered "Yes" on
F0	orm 990, Part IV, line where the organization in the organization	14b.				
other assista	nce, the grantees' eligi	bility for the grants or	assistance, ar	nd the selection crite	eria used to	
award the gra	ants or assistance?					X Yes No
2 For grantma outside the U		V the organization's p	procedures for	monitoring the use	of its grants and other assistance	
3 Activities per	Region. (The following	ı Part I. line 3 table ca	an be duplicate	d if additional space	e is needed \	
(a) Region	(b) Number	(c) Number of	(d) Activit	ies conducted in the	(e) If activity listed in (d) is	(f) Total
	of offices in the region	employees, agents, and independent contractors in the region	fundraisin investment	by type) (such as, g, program services, s, grants to recipients ed in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
INDIA						
(1) LIBERIA			1 PROGRAM	SERVICES	LABOR/MATERIALS	2,956,141
(2)			1 PROGRAM	SERVICES	LABOR/MATERIALS	10.004
SIERRA LEO	NE					18,884
_(3)			1 PROGRAM	SERVICES	LABOR/MATERIALS	218,940
_(4)						
	·					
(5)				***		
(6)						
(6)						
(7)						
(2)						·
(8)						
(9)						
(10)					,	
(11)		•				
(12)						
(13)						
14)						
15)						
13)						
16)						
17) 3a Subtotal		3				
b Total from continuation		3				3,193,965
sheets to Part I						
c Totals (add						
lines 3a and 3b)		3				3 103 065

Schedule F (Form 990) 2023 SET FREE ALLIANCE Part II

20-0202488

Page 2

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.

(i) Method of valuation (book, FMV, appraisal, other)																	
(h) Description of noncash assistance																	
(g) Amount of noncash assistance																	
(f) Manner of cash disbursement																	as a tax
(e) Amount of cash grant											-						n country, recognized
(d) Purpose of grant																	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
(c) Region																	isted above that ar
(b) IRS code section and EIN (if applicable)																	ipient organizations l
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(6)	(10)		(12)	(13)	(14)	(15)	(16)	2 Enter total number of rec

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

Enter total number of other organizations or entities က

SET FREE ALLIANCE Schedule F (Form 990) 2023

Part III Grants and

20-0202488

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of	, , , , , , , , , , , , , , , , , , ,				
		recipients	(a) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
				disbursement	assistance		(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)			-				
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)						*	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule F (Form 990) 2023

7.50	art V Foreign Forms		Page
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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)		X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X No

the Instructions for Form 5713; don't file with Form 990)

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 separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2023

X No

Schedule F (Form 990) 2023

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Page 5

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. See instructions.

	·	· · · · · · · · · · · · · · · · · · ·					
PART I, LINE 2 - PROCEDURES FOR	MONITORING THE USE OF GRANT	FUNDS					
GRANT FUNDS ARE APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS AND							
REGULAR PROGRESS UPDATES ARE SUPPLIED BY AGENTS OVERSEEING WORK IN							
COUNTRIES OUTSIDE OF THE UNITED STATES.							
PART I, LINE 3 - ACTIVITIES PER	REGION						
REGION	EXPENDITURES INVESTMENTS						
INDIA							
LIBERIA	\$ 2,956,141 \$	0					
	\$ 18,884 \$	0					
SIERRA LEONE	\$ 218,940 \$	0					
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SCHEDULE G (Form 990)

Il Information Regarding Fundraising o aming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

SET FREE ALLIANCE

Employer identification number (F/K/A WATER OF LIFE) 20-0202488 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) from activity control of fundraiser listed in organization contributions' col. (i) Yes No 1 2 3 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023

SET FR ALI

ALLIANCE

20-0202488

Page 2

Fundraising Events. Complete if the organization answered "Yes" on 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 SPECIAL EVENT NONE (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 542,710 542,710 2 Less: Contributions .... 3 Gross income (line 1 minus 542,710 line 2) 542,710 4 Cash prizes ..... 5 Noncash prizes 6 Rent/facility costs ..... **Direct Expenses** 7 Food and beverages 8 Entertainment ...... 117,913 9 Other direct expenses 117,913 10 Direct expense summary. Add lines 4 through 9 in column (d) 117,913 11 Net income summary. Subtract line 10 from line 3, column (d) ..... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses Yes .....% Yes % 6 Volunteer labor 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) ...... Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023	SET FR	ALLIANCE		20-0202488		D,	.a. 2
11	Does the organization condu	ct gaming activi	ties with nonmembers?				Yes	age <b>3</b>
12	io and organization a grantor,	beneficiary of the	rustee of a trust, of a member	er of a partnership or of	her entity		res _	No
13	Indicate the percentage of ga	aming activity or	anducted in:		······		Yes	_ No
а						1 1		
b	An outside facility		***************************************		· · · · · · · · · · · · · · · · · · ·	13a		%
14	Enter the name and address	of the person w	ho prepares the organization	n's gaming/special even		13b		<u>%</u>
	records:	,	p. spai 33 tilo organization	r ə garınıng/əpeciai ever	ns books and			
	Name		•••••					
	Address		• • • • • • • • • • • • • • • • • • • •	•••••		••••••		
15a	Does the organization have a revenue?	contract with a	third party from whom the o	rganization receives ga	ming	_	·	_
b	revenue?  If "Yes," enter the amount of g	naming revenue	received by the organization			L	Yes	No
	amount of gaming revenue re	tained by the th	ird party \$	ı • • · · · · · · · · · · · · · · · · ·	and the			
С	If "Yes," enter name and addr							
	Name	· · · · · · · · · · · · · · · · · · ·						
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation							
	Description of services provide							
	Director/officer	Employee			• • • • • • • • • • • • • • • • • • • •	••••		
		Employee	Independent	contractor				
	Mandatory distributions:							
а	Is the organization required un	der state law to	make charitable distribution	s from the gaming prod	ceeds to			
	retain the state gaming license			***********			Yes	No
D	Enter the amount of distribution	ns required und	er state law to be distributed	I to other exempt organ	izations or		,	1
Da.	spent in the organization's own tiv Supplemental Ir	exempt activiti	es during the tax year \$					
I a	Part III, lines 9, 9 See instructions.	, 10b, 15b,	15c, 16, and 17b, as a	ns required by Pari applicable. Also pro	t I, line 2b, columns (iii) a vide any additional inforr	ind (v); a nation.	ınd	
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#### SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization SET FREE ALLIANCE (F/K/A WATER OF LIFE)

Employer identification number 20-0202488

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS DURING 2021, SET FREE ALLIANCE WORKED IN SIERRA LEONE, LIBERIA, AND INDIA. IN EACH OF THESE LOCATIONS, SET FREE ALLIANCE PARTNERS WITH LOCAL PASTORS AND DRILL CREWS TO PROVIDE FRESH, CLEAN DRINKING WATER TO THE PEOPLE IN THE AREA. WHILE IN THESE VILLAGES, THE TEAMS ALSO WORK TO RESCUE AND CARE FOR CHILDREN IN SLAVERY. SET FREE ALLIANCE ALSO SUPPORTS EFFORTS OF ITS INTERNATIONAL PARTNERS IN SHARING THE GOSPEL WITH UNREACHED PEOPLE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BY A CPA FIRM. THE FORM WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MEMBERS OF THE BOARD AND STAFF AGREE TO PLACE THE WELFARE OF THE MINISTRY ABOVE PERSONAL INTERESTS, INTERESTS OF FAMILY MEMBERS, OR OTHERS WHO MAY BE PERSONALLY INVOLVED IN SUBSTANTIAL AFFAIRS AFFECTING THE MINISTRY'S BASIC FUNCTIONS. MEMBERS OF THE BOARD AND STAFF SHALL DISCLOSE FULLY THE PRECISE NATURE OF THEIR INTEREST OR INVOLVEMENT WHEN PARTICIPANTS IN ANY TRANSACTION FOR THE MINISTRY IN WHICH ANOTHER PARTY TO THE TRANSACTION INCLUDES: HIMSELF OR HERSELF, A MEMBER OF THE FAMILY (SPOUSE, PARENTS, SIBLINGS, CHILDREN, AND ANY OTHER IMMEDIATE RELATIVES), OR AN ORGANIZATION WITH WHICH THE MEMBER OF THE BOARD OR THE STAFF, OR HIS FAMILY, IS AFFILIATED. DISCLOSURE SHALL BE MADE AT THE FIRST KNOWLEDGE OF THE TRANSACTION.

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