efil	e Pu	ıblic Visu	al Render ObjectId: 201723139349303592 - Submissio	n: 2017-11	-09	T	IN: 94-3390034
	00	)0	Return of Organization Exempt From	Income	Тах	10	MB No. 1545-0047
Form	93	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Reven foundations)				2016
		f the Treasury nue Service	<ul> <li>Do not enter social security numbers on this form as it may</li> <li>Information about Form 990 and its instructions is at <u>www.</u></li> </ul>	be made put <u>IRS.gov/form</u>	olic. <u>990</u> .	0	Open to Public Inspection
A F	or th	e 2016 ca	lendar year, or tax year beginning 01-01-2016 ,and ending 12-31	-2016			
		applicable:	C Name of organization THE MARTIN LUTHER KING JRFREEDOM CTR		D Employer id	dentif	ication number
		change			94-339003	4	
O Na O Ini		nange	Doing business as				
		rn/terminated					
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 333 EAST 8TH ST	e	E Telephone nu (206) 755-		
			City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94606		<b>G</b> Gross receip	ts \$ 3	40,992
			F Name and address of principal officer:	H(a) Is this	a group returr	n for	
			ROY WILSON 333 East 8th St		linates?		🗆 Yes 🗹 No
			Oakland, CA 94606	H(b) Are all include	subordinates		🗌 Yes 🗹No
I Ta:	(-exer	mpt status:	✓ 501(c)(3)    501(c) ( )    (insert no.)    4947(a)(1) or    527	If "No,	" attach a list.	•	,
JW	ebsi	te:► N/A		H(c) Group	exemption nu	mber	•
<b>K</b> Forr	n of o	rganization:	Corporation Trust Association Other	L Year of format	tion: 2001 <b>M</b>	State	of legal domicile: CA
Pa	rt I	Sumi Briefly des	<b>mary</b> cribe the organization's mission or most significant activities:				
æ			y development & non-violence.				
nc							
Ĕ							
Governance		Check this	1	1			
			f voting members of the governing body (Part VI, line 1a)	3	9		
ŝ			f independent voting members of the governing body (Part VI, line 1b)	• • •	•	4	8
Activities &			ber of individuals employed in calendar year 2016 (Part V, line 2a)			5 6	13
Acti			ber of volunteers (estimate if necessary)		•	0 7a	0
4			ated business taxable income from Form 990-T, line 34			7a 7b	0
		Net unier		1	or Year	70	Current Year
	8	Contributi	ions and grants (Part VIII, line 1h)		301,286		329,120
Revenue			service revenue (Part VIII, line 2g)		14,200		11,872
eve.		-	nt income (Part VIII, column (A), lines 3, 4, and 7d )		200		0
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		315,686		340,992
			d similar amounts paid (Part IX, column (A), lines 1–3 )		2,600		5,350
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)				0
\$2	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		165,920		148,553
nse	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
Exp enses	b	Total fundra	aising expenses (Part IX, column (D), line 25) 🕨 0				
ß	17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		203,140		201,083
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		371,660		354,986
	19	Revenue I	ess expenses. Subtract line 18 from line 12		-55,974		-13,994
Net Assets or Fund Balances				Beginning o	of Current Year		End of Year
sets alan	20	Total asse	ts (Part X, line 16)		81,329		67,604
dB			lities (Part X, line 26)		3	-	0
Pun			s or fund balances. Subtract line 21 from line 20		81,326		67,604
			ature Block		,		

# 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

12/6/24, 6:04 PM Martin Luther King Jr Freedom Center - Full Filing - Nonprofit Explorer - ProPublica knowledge and beller, it is true, correct, and complete. Declaration or preparer (other than officer) is based on all information of which preparer has any knowledge.

					2017-11-09	
Sign	Sig	nature of officer			Date	
Here	NO.	Y WILSON Executive Dir.				
	Ту					
Paid	ł	Print/Type preparer's name Charlene R Smith CPA	Preparer's signature Charlene R Smith CPA	Date	Check if	PTIN P00237963
	parer	Firm's name 🕨 Grant & Smith LLF			Firm's EIN	
	Only	Firm's address 🕨 1300 Clay St Suite	2 1015		Phone no. (510	)) 832-0257
	<b>,</b>	Oakland, CA 946	12			
May t	he IRS disc	uss this return with the preparer	shown above? (see instructions)			. 🗹 Yes 🗌 No
		Reduction Act Notice, see the		Cat.	No. 11282Y	Form <b>990</b> (2016)
			Page 2			
_						
	990 (2016)					Page 2
Par		atement of Program Servic	-			$\Box$
<u> </u>		eck if Schedule O contains a responsion of the organization's mission:	onse or note to any line in this Par	tIII		U
<b>1</b>	,	lopment & non-violence.				
Com	nunity deve	aopment a non-violence.				
2	Did the or	ganization undertake any significa	ant program services during the ye	ar which were not l	sted on	
	the prior F	form 990 or 990-EZ?				🗌 Yes 🛛 No
	If "Yes," d	escribe these new services on Sch	nedule O.			
3	Did the or	ganization cease conducting, or m	nake significant changes in how it o	conducts, any progr	am	
	services?					. 🗌 Yes 🗹 No
-	If "Yes," d	escribe these changes on Schedu	le O.			
4	Section 50		<ul> <li>accomplishments for each of its t ons are required to report the amo ce reported.</li> </ul>			
4a	(Code:	) (Expenses \$	327,858 including grants of	\$	) (Revenue \$	)
		esources for teaching conflict resolution & communities.	n, violence prevention, positive behavior	r and provide families w	ith a safe haven i	that fosters well rounded
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)
	•					
4c	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)
4d	Other prov	gram services (Describe in Sched				
- 4	(Fynenses		uding grants of \$	) (Revenue	\$	)

		,		
4e	Total program service expenses►     327,858	F	orm <b>99</b>	<b>0</b> (2016)
	Page 3			
	990 (2016) t IV Checklist of Required Schedules			Page <b>3</b>
Pai			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $rac{99}{3}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🗐	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <sup>1</sup>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V $\mathfrak{B}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🕲	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <b>1</b>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	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	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

 а	u	e	4

Form	990 (2016)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K. If</i> " <i>No," go to line 25a</i> .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $\cdot$	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	

	——————————————————————————————————————								
Form	990 (2016)			Page <b>5</b>					
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
_			Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a								
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . <b>1b</b>	)							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No					
2a	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	3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		No					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No					
b	If "Yes," enter the name of the foreign country: ►								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	<b>5a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
b	b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b								
7	Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	)							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as								
	required?	7g		No					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No					
0,-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No					
10	Section 501(c)(7) organizations. Enter:			110					
10 a	Initiation fees and capital contributions included on Part VIII, line 12   10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>	-							
		-							
11	Section 501(c)(12) organizations. Enter:								
a L	Gross income from members or shareholders	-							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No					

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b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	No
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		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	
		Fo	orm <b>990</b> (2016)
	Page 6		
Form	990 (2016)		Page <b>6</b>
Par	<b>t VI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a '8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" respor	nse to lines
	Check if Schedule O contains a response or note to any line in this Part VI		🗹

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 8			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		
	form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		

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	, 6:04 PM The organization's CEO, Executive Directo							Filing	g - Nonprofit Explorer	- ProPublica	115-		No
	Other officers or key employees of the orc	, , ,				•	•	•		• •	15a 15b		No No
D	If "Yes" to line 15a or 15b, describe the pr					• ctio	ne)	•		• •	151	<u>,</u>	NO
16a	Did the organization invest in, contribute a						,	or si	imilar arrangement	with a			
104	taxable entity during the year?							•		• • •	16a	3	No
b	If "Yes," did the organization follow a write in joint venture arrangements under appli status with respect to such arrangements	cable federal ta	x law, a	and ta	ake s	step	s to sa	afegu	lard the organization		161	0	
Se	ction C. Disclosure										1		
17	List the States with which a copy of this Fe	orm 990 is requ	ired to	be fil	led▶	,	CA						
18	Section 6104 requires an organization to r available for public inspection. Indicate ho						icable			(c)(3)s only)			
	🗌 Own website 🛛 Another's website	🗹 Upon red	quest		Othe	er (e	xplain	in S	chedule O)				
19	Describe in Schedule O whether (and if so policy, and financial statements available to						vernir	ng do	ocuments, conflict c	of interest			
20	State the name, address, and telephone n The MLK Jr Freedom Ctr 333 E 8TH ST							orgar	nization's books and	l records:			
												Form <b>99</b>	<b>0</b> (2016)
				Page	e 7								
Form	990 (2016)												Page <b>7</b>
	VII Compensation of Officers, I	Directors.Tru	stees	. Ke	v Ei	mp	ovee	s, F	liahest Comper	nsated Emi	olove	ees,	Faye I
	and Independent Contracto	rs		-	-	-	-			-			_
	Check if Schedule O contains a res										<u></u>	<u> </u>	. 🛛
	ction A. Officers, Directors, Truste omplete this table for all persons required t									-		apization	/a tay
year.				-							-	Janization	Sldx
	List all of the organization's <b>current</b> officer npensation. Enter -0- in columns (D), (E),							or c	organizations), rega	irdless of amo	ount		
• L	ist all of the organization's <b>current</b> key em	ployees, if any.	See in	struc	tions	s for	defini	tion	of "key employee."				
who r	ist the organization's five <b>current</b> highest of eceived reportable compensation (Box 5 of ization and any related organizations.												
e L	ist all of the organization's <b>former</b> officers, ortable compensation from the organizatio	, , ,	· -	-			isated	emp	oloyees who receive	ed more than	\$100	,000	
● L organ	ist all of the organization's <b>former directo</b> ization, more than \$10,000 of reportable c	rs or trustees	that re om the	ceive orgai	ed, ir nizat	n the tion	e capa and a	city a ny re	as a former directo elated organizations	r or trustee o s.	f the		
	ersons in the following order: individual tru ensated employees; and former such perso		ors; inst	itutio	onal	trus	tees; (	office	ers; key employees	; highest			
	heck this box if neither the organization no	or any related o	rganiza	tion (	com	pens	sated a	any c	current officer, dired	ctor, or truste	e.		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o is b	one b	oox, an o	ot ch unle ffice	r and	son	(D) Reportable compensation from the organization	(E) Reportabl compensat from relat organizatio	ion ed ons	(F Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individu or direc	Institutional	Officer	Key employee	Highest c employee	Former	(W- 2/1099- MISC)	(W- 2/109 MISC)	9-	organiza rela organiz	ted
			Individual trustae or director	tional Trustee		iployee	Highest compensated employee						
(1) Ro	yl Roberts	40.00	x	$\square$				$\square$	74 575				
Directo	or	0.00				]	L		74,575		U		
• •	Y WILSON	1.00			x						0		~
	ive Dir.	. 0.00	Х		×	]			0		U		0
(3) /···	dree Jones Taylor	1.00		Ì	1			T					

(5) Saundra AndrewsConstiAffairs https://projects.propublica.org/nonprofits/organizations/943390034/201723139349303592/full

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0.00 1.00

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(3) Audree Jones Taylor

(4) Phyllis Jones

Director

Treasurer

0

0

0

0

0

0

12/6/24, 6:04 PM Martin Luther King Jr Freedom Center - Full Filing - Nonprofit Explorer - ProPublica										
VICE CHAIR	0.00	^		х				0	0	0
(6) Roddrick Lee CHAIR	1.00  0.00	х		x				0	0	0
(7) Michael Lighty Secretary	1.00	x		x				0	0	0
							-			
				1			1			Form <b>990</b> (2016)

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### Form 990 (2016)

Page **8** 

Part VII Section A. Officers, Direct	ors, Trustee	s, Key l	Emp	loye	es,	and I	High	est Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1055 1100)		organization and related organizations
									<u> </u>	
<b>1b Sub-Total</b>	 ons/9/13390034/20	• •		 1350'	7/fu1	_ <b>.</b> ⊧⊢				8/

2/6/24,6				Freedom Center - F	Full Filing - No	onprofit Explore	er - ProPublica	_		
	tal from continuation sheets to Pa tal (add lines 1b and 1c)					74,575				
<b>2</b> T	iotal number of individuals (including f reportable compensation from the o	but not lim	ited to those li		received mo	ore than \$100	,000			
							-		Yes	No
	oid the organization list any <b>former</b> of ne 1a? <i>If "Yes," complete Schedule J</i>				-	-	mployee on	3		No
0	or any individual listed on line 1a, is rganization and related organization ndividual	the sum of greater th	reportable cor an \$150,000?	npensation and o If "Yes," complet	other comper te Schedule 2	nsation from I for such	:he	4		No
	bid any person listed on line 1a receiver ervices rendered to the organization?		•					5		No
Sect	tion B. Independent Contract	ors								
	Complete this table for your five higher rom the organization. Report compen							npensa	ation	
	· ·	(A)	·				(B)		(0	
	Name a	nd business a	adress			Descrip	tion of services		Comper	isation
								$\neg$		
7 Tot	al number of independent contractors	(including	but not limite	d to those listed	above) who	received mor	a than ¢100 000	) of		
	npensation from the organization $\blacktriangleright$ (		but not innite	a to those listed			e than \$100,000			
								F	Form <b>99</b>	<b>0</b> (2016
				Page 9 —						
				5						
Part \	90 (2016) /III Statement of Revenue									Page S
Fall	Check if Schedule O contains	a response	or note to an	v line in this Part	VIII					
				(A)	(	(B)	(C)		(D)	
				Total revenue		ited or empt	Unrelated business		Rever excluded	d from
						iction venue	revenue	ta	x under 512-5	sections 514
<i>a</i> 92	1a Federated campaigns	1a				•				
rants ounts	<b>b</b> Membership dues	1b								
ΰű,	<b>c</b> Fundraising events	1c								
fts,	d Related organizations	1d								
nila	e Government grants (contributions)	1e								
ions, r Sin	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f	329,120							
Contributions, Gifts, G and Other Similar Am	above <b>9</b> Noncash contributions included									
nd D	in lines 1a-1f:\$ h Total.Add lines 1a-1f		•							
			Busines	329,120	)					
nue	23 OTHER INCOME		Dusines		12		12			
eve	2a OTHER INCOME b program service fees				2,604	2,0	504			
Se P	C SALES				1,375	1,3	375			
ervia	d <del>TUITION FEES</del>		_		7,881	7,8	381			
n Sé	e									
Program Service Revenue	f All other program service revenue	е.								
Pro	<b>g Total.</b> Add lines 2a-2f	. ►		11,872						
	<b>3</b> Investment income (including divid		est, and other							
	similar amounts)	•		•	0					
	4 Income from investment of tax-ex	-	-		0					
	5 Royalties		(ii) Personal	•	Ť					
		··								

### 12/6/2

6/24,6	6:04 PM	Ma	rtin Luther King Jr Fro	eedom Center - Full Fil	ing - Nonprofit Explor	er - ProPublica	
	6a Gross rents						
	<b>b</b> Less: rental expenses						
	c Rental income or (loss)						
	<b>d</b> Net rental income o	r (loss)	• •	0			
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	C Gain or (loss)						
	<b>d</b> Net gain or (loss) .		►	0			
er	<b>8a</b> Gross income from from from from from from from from	of					
Other Revenue	contributions reporte See Part IV, line 18	ed on line 1c).					
щ	<b>b</b> Less: direct expense	s b					
er	<b>c</b> Net income or (loss)	from fundraising eve	nts 🕨	0			
oth	<b>9a</b> Gross income from g See Part IV, line 19	aming activities.					
		а					
	<b>b</b> Less: direct expense	sb					
	<b>c</b> Net income or (loss)	from gaming activitie	es 🕨	0			
	10aGross sales of invent returns and allowanc	ory, less es a					
	<b>b</b>	_					
	<b>b</b> Less: cost of goods s	L		0			
	C Net income or (loss)			0			
	Miscellaneous	Revenue	Business Code				
	11a						
	b						
	C						
	<b>d</b> All other revenue						
	e Total. Add lines 11a	-11d	· · •	0			
	12 Total revenue. See	Instructions	· · · •	340,992	11,872		

Form 990 (2016)

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Form 990 (2016)

 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			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
<ol> <li>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</li> </ol>	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,350	5,350		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			

### 12/6/24, 6:04 PM

12/6/2	24, 6:04 PM Martin Luther King J	r Freedom Center - Ful	l Filing - Nonprofit Exp	lorer - ProPublica	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	74,575	74,575		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	56,342	56,342		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	5,383	5,383		
10	Payroll taxes	12,253	12,253		
11	Fees for services (non-employees):				
ā	Management	0			
ł	Legal	0			
Ċ	Accounting	7,775		7,775	
c	Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	73,022	73,022		
12	Advertising and promotion	6,127	6,127		
13	Office expenses	11,341	4,394	6,947	
14	Information technology	1,960	1,960		
15	Royalties	0			
16	Occupancy	10,790	10,790		
17	Travel	29,145	21,650	7,495	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	200	200		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,654		1,654	
23	Insurance	3,203		3,203	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a HONORARIUM	34,000	34,000		
	<b>b</b> Printing and Publications	11,116	11,116		
	c Program Supplies	9,108	9,108		
	d TELEPHONE	1,504	1,504		
	e All other expenses	138	84	54	
25	Total functional expenses. Add lines 1 through 24e	354,986	327,858	27,128	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <b>D</b> if following SOP 98-2 (ASC 958-720).				

Form 990 (2016)

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- Page 11 -

	2	Savings and temporary cash investments .				2	0
	3	Pledges and grants receivable, net			7,500	3	7,500
	4	Accounts receivable, net		🔽	73,242	4	37,547
	5	Loans and other receivables from current and f trustees, key employees, and highest compens II of Schedule L	ated en	nployees. Complete Part		5	0
	6	Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiz voluntary employees' beneficiary organizations II of Schedule L	on 4958 ations c (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete Part		6	0
ssets	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use			105	8	0
A	9	Prepaid expenses and deferred charges $\ .$				9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	27,836			
	b	Less: accumulated depreciation	10b	24,274	5,216	10c	3,562
	11	Investments—publicly traded securities .			11	0	
	12	Investments—other securities. See Part IV, line			12	0	
	13	Investments—program-related. See Part IV, line			13	0	
	14	Intangible assets	•••			14	0
	15	Other assets. See Part IV, line 11				15	1,432
	16	Total assets. Add lines 1 through 15 (must equ			81,329	16	67,604
	17	Accounts payable and accrued expenses .			17		
	18	Grants payable			18		
	19	Deferred revenue	• •			19	
	20	Tax-exempt bond liabilities	• •			20	
S	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and forme key employees, highest compensated employee					
ac		persons. Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24			3	25	
	26	Total liabilities. Add lines 17 through 25 .	•		3	26	0
S		Organizations that follow SFAS 117 (ASC 9	58), cl	heck here 🕨 🗹 and			
Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets			81,326	27	67,604
Ba	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117					
S OF	30	check here Capital stock or trust principal, or current funds	nrough	34.		30	
set	31	Paid-in or capital surplus, or land, building or each	quipme	nt fund		31	
As	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
Net	33	Total net assets or fund balances		[	81,326	33	67,604
2	34	Total liabilities and net assets/fund balances		[	81,329	34	67,604

Form 990 (2016)

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Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
<b>1</b> Total	revenue (must equal Part VIII, column (A), line 12)	1	340,992
2 Total of	expenses (must equal Part IX, column (A), line 25)	2	354,986
3 Reven	ue less expenses. Subtract line 2 from line 1	3	-13,994
4 Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$	4	81,326
ttps://projects.	propublica.org/nonprofits/organizations/943390034/201723139349303592/full		12/31

12/6/24,	6:04 PM Martin Luther King Jr Freedom Center - Full Filing - Nonprofit Explorer - ProF	ublica			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			272
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			67,604
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash 🗹 Accrual 🗌 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
			F	orm <b>99</b>	<b>0</b> (2016)
Form 9	990 (2016)				
-	ditional Data		Returi	n to Fo	orm

**Software ID:** 16000303 **Software Version:** 2016v3.0

Form 990, Special Condition Description:

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efil	e Put	blic Visual	Render	ObjectId: 2	20172313934930	3592 - Submi	ssion: 2017-	11-09	TIN: 94-3390034
SC	HED	ULE A		Public	Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047
(For	n 990	or 990EZ)	Con		rganization is a sect	ion 501(c)(3)	organization or		2016
		he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	l Revenu	le Service	🕨 Inf	ormation abou	ut Schedule A (Form	990 or 990-EZ ov/form990.	) and its instru	ictions is at	Open to Public Inspection
		he organiza		-	<u></u>	<u> </u>		Employer identifi	-
IHE M	IARTIN	LUTHER KING	JRFREEDOM CT	R				94-3390034	
	rt I				us (All organization e it is: (For lines 1 thro			See instructions.	
1 ne c	rganiz		•		sociation of churches	<b>2</b>		(A)(i)	
2		•			1)(A)(ii). (Attach Sch				
3					vice organization desci	-			
4			•	•	ed in conjunction with			-	Enter the hospital's
	$\cup$	name, city,	and state:	•	-	·			
5				d for the benefi mplete Part II.	t of a college or univer )	rsity owned or op	perated by a gov	ernmental unit desci	ibed in <b>section</b>
6		A federal, s	state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	(v).	
7				rmally receives (vi). (Complete	a substantial part of it	s support from a	governmental u	init or from the gene	ral public described in
8	$\square$				n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricult	ural research	organization de	escribed in <b>170(b)(1)</b>	(A)(ix) operate	d in conjunction	with a land-grant co	llege or university or a
		non-land g	rant college o	of agriculture. S	ee instructions. Enter	the name, city, a	nd state of the o	college or university:	
10					(1) more than 331/3%				
		investment	income and	unrelated busin					organization after June
11	$\square$				omplete Part III.) d exclusively to test for	r nublic safety. S	ee section 509	(a)(4).	
12		-	-	•	d exclusively for the be	. ,			he purposes of one or
		more publi in lines 12a	cly supported a through 12d	l organizations of that describes	described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> g organization ar	ction 509(a)(2 id complete lines	). See section 509( 12e, 12f, and 12g.	a)(3). Check the box
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
c		supported	organization(	s) (see instruct	supporting organizatio ions). <b>You must com</b>	plete Part IV, S	ections A, D, a	nd E.	·
a		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution	requirement and		nization(s) that is not quirement (see
e f	C.	integrated,	or Type III r	on-functionally	ved a written determin integrated supporting	organization.	,	. , ,, , ,,	I functionally
g	Liitei			2	the supported organiz			· · · · · · · · · -	
	(i) №	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	1								
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	5F S	Schedule A (Form	990 or 990-EZ) 2016
					Pa	ge 2			
					ra	90 Z			
Sche	dule A	(Form 990 c	or 990-EZ) 20	016					Page <b>2</b>
	rt II				zations Described	in Sections 1	70(b)(1)(A)	(iv), 170(b)(1)(	
		170(b) (Comple	(1)(A)(ix) ete only if y	) vou checked th	ne box on line 5, 7,	8, or 9 of Part	I or if the orga	anization failed to	
Se	ction	111. If th A. Public		tion fails to qu	ualify under the test	is listed delow,	please comple	ele Part III.)	

12/6/	24, 6:04 PM	Martin Lut	her King Jr Freedon	n Center - Full Filing	g - Nonprofit Explor	er - ProPublica	
	lendar year • fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	389,321	518,386	301,529	301,286	628,620	2,139,142
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	389,321	518,386	301,529	301,286	628,620	2,139,142
5	The portion of total contributions by each person (other than a	505,521	510,500	501,525		020,020	2,133,112
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						479,924
	<b>Public support.</b> Subtract line 5 from line 4.						1,659,218
	ection B. Total Support		1	1	1		· · · · ·
	lendar year • fiscal year beginning in) 🕨	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4.	389,321	518,386	301,529	301,286	628,620	2,139,142
8	Gross income from interest,		/		/		_//_
C	dividends, payments received on securities loans, rents, royalties and income from similar sources.		73		200		273
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	<b>Total support.</b> Add lines 7 through 10						2,139,415
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and <b>stop here</b>						
_	ection C. Computation of Public						
			-	(6))			
	Public support percentage for 2016 (lir					14	77.550 %
	Public support percentage for 2015 Sch					15	79.780 %
16a	<b>33 1/3% support test—2016.</b> If the	organization did n	ot check the box of	on line 13, and line	e 14 is 33 1/3% or	more, check this	
b	and <b>stop here.</b> The organization quali 33 1/3% support test—2015. If the						k this
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	-2016. If the or meets the "facts	ganization did not	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and <b>stop he</b>	, and line 14 ere. Explain	
b	organization	t-2015. If the o ation meets the "	rganization did not facts-and-circumst	t check a box on li ances" test, checl	ine 13, 16a, 16b, o k this box and <b>sto</b>	or 17a, and line <b>p here.</b>	▶∪
18	supported organization Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions				<u> </u>	 le Δ (Form 000 c	► 🗆 or 990-EZ) 2016
					ocheda		
			Page 3				
Cab	adula A (Farm 000 ar 000 EZ) 2016						
	edule A (Form 990 or 990-EZ) 2016						Page <b>3</b>
	Part III Support Schedule for						
	(Complete only if you						er Part II. If
	the organization fails	to qualify under	the tests listed	below, please c	complete Part II.	)	
S	ection A. Public Support						
	lendar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	fiscal year beginning in)	(4) 2012	(9) 2010	() 2017	(., 2015	(0) 2010	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
	Gross receipts from admissions,						

	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
	not an unrelated trade or business

under section 513 . . . .

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4	lax revenues levied for the	I		l l		I	T		
	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								
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						_		
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			_		-			
	ndar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)	Total	
(or 9	fiscal year beginning in) Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income			1					
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.		1	1		1			
11	Net income from unrelated business		1						
	activities not included in line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.).								
14	First five years. If the Form 990 is for	-					-		_
	check this box and <b>stop here</b>							. 💌	
	ction C. Computation of Public	SUDDOLL PELC							
	Public support percentage for 2016 (li	ne 8 column (f) (	entage divided by line 13	column (f))		15			
15	Public support percentage for 2016 (li	ne 8, column (f) o	divided by line 13			15			
15 16	Public support percentage for 2016 (li Public support percentage from 2015 s	ne 8, column (f) o Schedule A, Part I	divided by line 13			15 16			
15 16 Se	Public support percentage for 2016 (li Public support percentage from 2015 section <b>D. Computation of Invest</b>	ne 8, column (f) o Schedule A, Part I <b>ment Income</b>	divided by line 13 III, line 15 Percentage			16			
15 16 Se 17	Public support percentage for 2016 (lin Public support percentage from 2015 s ction D. Computation of Invest Investment income percentage for 20	ne 8, column (f) c Schedule A, Part I <u>ment Income</u> 16 (line 10c, colu	divided by line 13 III, line 15 <b>Percentage</b> Imn (f) divided by	line 13, column	(f))	16 17			
15 16 Se 17 18	Public support percentage for 2016 (lii Public support percentage from 2015 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) c Schedule A, Part 1 <b>ment Income</b> 16 (line 10c, colu 1015 Schedule A,	divided by line 13 III, line 15 Percentage Imn (f) divided by Part III, line 17 .	line 13, column		16 17 18	ine 17	is not	
15 16 17 18 19a	Public support percentage for 2016 (lii Public support percentage from 2015 st <b>ction D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> <sub>1/3</sub> % <b>support tests—2016.</b> If the	ne 8, column (f) c Schedule A, Part I <b>ment Income</b> 16 (line 10c, colu 1015 Schedule A, prganization did r	divided by line 13 III, line 15 <b>Percentage</b> Imn (f) divided by Part III, line 17 . not check the box	/ line 13, column	(f))	16 17 18 33 1/3%, and I		_	
15 16 17 18 19a	Public support percentage for 2016 (lii Public support percentage from 2015 st <b>ction D. Computation of Invest</b> Investment income percentage for <b>20</b> <b>331/3% support tests—2016.</b> If the more than 33 1/3%, check this box and st	ne 8, column (f) c Schedule A, Part 1 ment Income 16 (line 10c, colu 1015 Schedule A, organization did r stop here. The o	divided by line 13 III, line 15 <b>Percentage</b> Imn (f) divided by Part III, line 17 . not check the box rganization qualif	line 13, column	(f))	16 17 18 33 1/3%, and I ion	🕨	· 🗌	18 is
15 16 17 18 19a	Public support percentage for 2016 (lii Public support percentage from 2015 st <b>ction D. Computation of Invest</b> Investment income percentage for 20 <b>331/3% support tests—2016.</b> If the nore than 33 1/3%, check this box and st <b>33 1/3% support tests—2015.</b> If the	he 8, column (f) c Schedule A, Part I ment Income 16 (line 10c, colu 015 Schedule A, organization did r stop here. The o e organization did	divided by line 13 III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box rganization qualif I not check a box	v line 13, column on line 14, and ies as a publicly on line 14 or line	(f))	16 17 18 33 1/3%, and I ion more than 33	► 1/3% ar	nd line	18 is
15 16 17 18 19a	Public support percentage for 2016 (lii Public support percentage from 2015 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>331/3% support tests—2016.</b> If the nore than 33 1/3%, check this box and a <b>33 1/3% support tests—2015.</b> If the not more than 33 1/3%, check this box	ne 8, column (f) c Schedule A, Part 1 ment Income 16 (line 10c, colu 015 Schedule A, organization did r stop here. The o e organization did and stop here.	divided by line 13 III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box rganization qualif I not check a box The organization	/ line 13, column  on line 14, and ies as a publicly on line 14 or line qualifies as a pu	(f)) ine 15 is more than supported organizat e 19a, and line 16 is blicly supported orga	16 17 18 33 1/3%, and I ion more than 33 anization	► 1/3% ar	nd line	18 is
15 16 5e 17 18 19a b	Public support percentage for 2016 (lii Public support percentage from 2015 st <b>ction D. Computation of Invest</b> Investment income percentage for 20 <b>331/3% support tests—2016.</b> If the nore than 33 1/3%, check this box and st <b>33 1/3% support tests—2015.</b> If the	ne 8, column (f) c Schedule A, Part 1 ment Income 16 (line 10c, colu 015 Schedule A, organization did r stop here. The o e organization did and stop here.	divided by line 13 III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box rganization qualif I not check a box The organization	/ line 13, column  on line 14, and ies as a publicly on line 14 or line qualifies as a pu	(f))	16 17 18 33 1/3%, and I ion more than 33 anization instructions .	▶ 1/3% ar .►	nd line	
15 16 5e 17 18 19a b	Public support percentage for 2016 (lii Public support percentage from 2015 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>331/3% support tests—2016.</b> If the nore than 33 1/3%, check this box and a <b>33 1/3% support tests—2015.</b> If the not more than 33 1/3%, check this box	ne 8, column (f) c Schedule A, Part 1 ment Income 16 (line 10c, colu 015 Schedule A, organization did r stop here. The o e organization did and stop here.	divided by line 13 III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box rganization qualif I not check a box The organization	/ line 13, column  on line 14, and ies as a publicly on line 14 or line qualifies as a pu	(f))	16 17 18 33 1/3%, and I ion more than 33 anization	▶ 1/3% ar .►	nd line	
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c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? https://projects.propublica.org/nonprofits/organizations/943390034/201723139349303592/full

-	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	-		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
та	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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 <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and	40		
	(c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	5a		
b	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	54		
U	organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as	0		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	04		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	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.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A (Form 990		) 0-EZ)	2016
	Page 5			
	dule A (Form 990 or 990-EZ) 2016		F	Page 5
Par	t IV Supporting Organizations (continued)		<b>X</b>	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с 	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting 2 organization.

### Section C. Type II Supporting Organizations

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Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of a school of the organization's current of the school of 1

No

Yes

1

2

b

3

1

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	I	
supporting organization was vested in the same persons that controlled or managed the supported organization(s).		1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1

- а The organization satisfied the Activities Test. Complete line 2 below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С  $\square$

### 2 Activities Test. Answer (a) and (b) below.

- Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2016

3b

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Schedule A (Form 990 or 990-EZ) 2016

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section 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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		

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d	Total (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
		1	
8	Minimum Asset Amount (add line 7 to line 6)	8	
8	Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount	8	Current Year
8	· · ·	8	Current Year
8 1 2	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2	Current Year
1 2 3	Section C - Distributable Amount         Adjusted net income for prior year (from Section A, line 8, Column A)         Enter 85% of line 1         Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3	Current Year
1 2 3 4	Section C - Distributable Amount         Adjusted net income for prior year (from Section A, line 8, Column A)         Enter 85% of line 1         Minimum asset amount for prior year (from Section B, line 8, Column A)         Enter greater of line 2 or line 3	1 2 3 4	Current Year

instructions)

### Schedule A (Form 990 or 990-EZ) 2016

Page 7

- Page 7

### Schedule A (Form 990 or 990-EZ) 2016

**3** Excess distributions carryover, if any, to 2016:

**g** Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. **4** Distributions for 2016 from Section D, line 7:

. .

f Total of lines 3a through e

а b

**c** From 2013. **d** From 2014.

e From 2015.

instructions)

\$

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions			Current Year		
1 Amounts paid to supported organizations to accomplish	n exempt purposes				
<b>2</b> Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in			
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons			
<b>4</b> Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval require	ed)				
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons				
7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	hich the organization is respon	sive (provide			
<b>9</b> Distributable amount for 2016 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1 Distributable amount for 2016 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions.					

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a Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<ul> <li>Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.</li> </ul>		
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a		
<b>b</b> Excess from 2013		
<b>c</b> Excess from 2014		
d Excess from 2015		
e Excess from 2016		
	Schedule	A (Form 990 or 990-EZ) (2016)

Page 8

### Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test** 

Explanation

Return Reference

Schedule A (Form 990 or 990-EZ) 2016

**Additional Data** 

**Return to Form** 

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**Software ID:** 16000303 **Software Version:** 2016v3.0

efile Public Visual Ren	der Objectld: 201723139349303592 - Submission: 2017-11-09		TIN: 94-3390034
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	2016		
	Name of the organization Employer id THE MARTIN LUTHER KING JRFREEDOM CTR		
		94-3390034	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun	dation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on	
	$\Box$ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
	Page 2	
Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page <b>2</b>
Name of organization THE MARTIN LUTHER KING JRFREEDOM CTR		<b>Employer identification number</b> 94-3390034
Part I Contributors (See instructions). Use duplic	ate conies of Part I if additional space is	needed

		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		<u>\$</u>	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
-		4	Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

– Page 3 –

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organiz THE MARTIN LUTH	ation IER KING JRFREEDOM CTR	Employer identificatio 94-3390034	n number
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

https://projects.propublica.org/nonprofits/organizations/943390034/201723139349303592/full

Page 3

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

– Page 4 –

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization THE MARTIN LUTHER KING JRFREEDOM CTR	Employer identification number 94-3390034	

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For Part III organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) **\*** \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name address and		hin of transferor to transferee

,			
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	e) Transfer of gift Relationship	o of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### **Additional Data**

**Return to Form** 

 Software ID:
 16000303

 Software Version:
 2016v3.0

efil	e Public Visua	l Render	ObjectId: 2017231	39349303592	- Submission:	2017-11 <sup>.</sup>	-09	TIN: 94-3390034
SCH	SCHEDULE D Supplemental Financial Statements							OMB No. 1545-0047
	n 990)		Supplemen		ai Stateme	1115		2016
	► 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.							2010
Depart	ment of the Treasury			<ul> <li>Attach to Form</li> </ul>		2a, or 12	<b>)</b> .	<b>Open to Public</b>
	Revenue Service	Information	about Schedule D (For	m 990) and its in	structions is at <b>u</b>			Inspection
	me of the organ MARTIN LUTHER KI		СТВ			E	mployer ident	ification number
						94	1-3390034	
Pa			ntaining Donor Advi			inds or A	ccounts.	
	Complet	te if the orga	anization answered "Ye		Part IV, line 6. r advised funds		(b)Eundo a	nd other accounts
1	Total number at a	end of year					( <b>b)</b> Fullus a	
2			ns to (during year)					
3	Aggregate value							
4		-	· · · · · · · · · ·					
5	Did the organiza	ation inform al	l donors and donor adviso t to the organization's ex				d funds are the	
-			-	-				🗆 Yes 🗌 No
6			l grantees, donors, and do or the benefit of the donor					sible
							j	Yes No
Pai	rt II Conser	vation Ease	ements. Complete if th	ne organization a	nswered "Yes" o	n Form 99	90, Part IV, lir	ne 7.
1	Purpose(s) of co	onservation ea	sements held by the organ	nization (check all t	hat apply).			
	Preservation	on of land for p	public use (e.g., recreation	n or education)	Preservation	n of an hist	orically importa	ant land area
	Protection	of natural hab	itat		Preservation	n of a certi	fied historic stru	ucture
	Preservatio	on of open spa	CP.					
2			if the organization held a	qualified conservat	on contribution in	the form o	f a conservatio	n
-	easement on the			qualified conservat				he End of the Year
а	Total number of	conservation e	easements			2a		
b	Total acreage res	stricted by con	servation easements			2b	,	
с	Number of conse	ervation easem	nents on a certified histori	c structure included	l in (a)	20	:	
d	Number of conse structure listed i		nents included in (c) acqui Register	ired after 8/17/06,	and not on a histo	ric 2d		
3	Number of conse tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, exting	uished, or termina	ted by the	organization du	iring the
4	Number of state	s where prope	erty subject to conservatio	n easement is locat	ed 🕨			
5			written policy regarding the rvation easements it holds the rvation easements it holds are set to be the reader the reader of th			ndling of vi		Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of vi	olations, and enfo	rcing conse		
7	Amount of expenses	nses incurred	in monitoring, inspecting,	handling of violatio	ns, and enforcing	conservatio	on easements d	luring the year
~		munties	-	above action the	oguiror	otion 170/		
8			nent reported on line 2(d)				,,,,,,,,	Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the org				es
Par			ntaining Collections anization answered "Ye			or Other S	Similar Asse	ts.
1a	art, historical tre	easures, or oth	permitted under SFAS 11 per similar assets held for	public exhibition, e	ducation, or resea	rch in furth		
b	If the organizati	on elected, as	of the footnote to its finan permitted under SFAS 11	6 (ASC 958), to rep	ort in its revenue	statement	and balance sh	eet works of art,
-	following amoun	its relating to					·	
			90, Part VIII, line 1					
(i			Part X					
2			held works of art, historie be reported under SFAS				l gain, provide	the
а			0, Part VIII, line 1					
b			Part X					
For F	Paperwork Redu	ction Act No	tice, see the Instructio	ns for Form 990.	C	at. No. 522	83D Schedu	ile D (Form 990) 2016

Scheo	dule D (Form 990) 2016									Page 2
Part	III Organizations Maintaining Col	lections of Art,	Historic	al Tr	eası	ires, o	r Other	Similar	Assets (	(continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other record		ny of	the fo	llowing t	hat are a:	significar	nt use of it	s collection
а	Public exhibition		d		Loan	or exch	ange prog	grams		
b	Scholarly research		e		Othe	r				
с	Preservation for future generations									
4	Provide a description of the organization's col Part XIII.	ections and explain	n how they	furth	er the	e organiz	zation's e	xempt pur	pose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations be maintained as	of art, his part of the	torica orga	l treas nizatio	sures or	other simection?.	nilar 		es 🗌 No
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		orm 990,	Part	IV, lir	ne 9, or	· reporte	d an am		
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?								· · · ·	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following t	able:		1			Amount	
с	Beginning balance					1	1c			
d	Additions during the year					1	1d			
е	Distributions during the year					1	1e			
f	Ending balance					1	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21, for e	scrow	or cu	stodial a	account li	ability?		es 🗌 No
b		Charle have if the								
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if		-							•• □
Pa	t V Endowment Funds. Complete if	(a)Current year	(b)Pri				ears back		years back	(e)Four years back
1a	Beginning of year balance	(a)Current year	(D)PIT	or year				(u) mee	years back	(e)Four years back
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities and programs									
	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1a	colur	nn (a	)) held a		l		<u> </u>
a	Board designated or quasi-endowment	ine year end balance	e (inte 19)	colui	iiii (u	/) neia a	5.			
а ь	Permanent endowment ►									
c	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses organization by:	-	ation that	are he	eld an	d admin	istered fo	or the		Yes No
	(i) unrelated organizations								3	a(i)
	(ii) related organizations								3	a(ii)
b	If "Yes" on 3a(ii), are the related organization	s listed as required	l on Sched	ule R	?.				•	3b
4	Describe in Part XIII the intended uses of the	organization's end	owment fu	nds.						
Par	t VI Land, Buildings, and Equipmer			<b>.</b> .	<b>T</b> \ / 1.		о г			10
	Complete if the organization answ           Description of property         (a) Cost or oth (investme)	er basis (b) Co	st or other b					depreciatior		(d) Book value
1a	_and					<u> </u>				
	Buildings					<u> </u>				
	Leasehold improvements					<u> </u>				
	Equipment			2	6,884			23,32	26	3,558
	Other				952	<u> </u>		94		4
-	I. Add lines 1a through 1e.(Column (d) must ea	aual Form 000 Par	t V aslum	(D)					-	
		1uai i Ui III 330. FAI	τ Χ, сошт	п (В).	ine	LU(C).)		►		3,562

—— Page 3 —

Schedule D (Form 990) 2016

**Part VII** Investments Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. https://projects.propublica.org/nonprofits/organizations/943390034/201723139349303592/full 12/6/24, 6:04 PM

# Martin Luther King Jr Freedom Center - Full Filing - Nonprofit Explorer - ProPublica

See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	B	<b>b)</b> bok alue		of valuation: ear market value
(1) Financial derivatives				
(2) Closely-held equity interests	· ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	►			
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form	000 0	\/ line 11		t V line 12
(a) Description of investment	(b) Book	value	(c) Method (	of valuation: ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	▶ ►			
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 99	0, Part IV,	ine 11d. See Form 990,	, Part X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)         Part X       Other Liabilities. Complete if the organization answer	ered 'Yes' o	n Form 9	90, Part IV, line 11e c	► Dr 11f.
See Form 990, Part X, line 25. (a) Description of liability		<b>b)</b> Book v		
(1) Federal income taxes				
(2)			———————————————————————————————————————	

12/6/24,	6:04	PM
(4)		

(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.	) 🕨	

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

Schedule D (Form 990) 2016

	Page 4				
Scher	lule D (Form 990) 2016				Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		-	leturn	raye <b>-</b>
1	Total revenue, gains, and other support per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line $1$ :				
а	Investment expenses not included on Form 990, Part VIII, line 7b $\ .$	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	<b>XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			Return.	
1	Total expenses and losses per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b $\$ .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			<b>4c</b>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	).		5	
Par	t XIII Supplemental Information	<u>.</u>			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 5 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			t V, line 4	Part X, line 2; Part XI,
	Return Reference		Explanation		
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efile Public Visual I	Render Obje	ctId: 2017231393	49303592 - Subr	nission: 20	017-11-09				-	TIN: 94-33			
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .										OMB No. 1545-0047		
Name of the organization THE MARTIN LUTHER KIN	IG JRFREEDOM CTR							<b>Employe</b> 94-3390		ation number			
Part I General	Information on	Grants and Assist	ance					51.0050					
the selection criter	ia used to award the	s to substantiate the a e grants or assistance? procedures for monitor					for the grants or assistanc	e, and		🗌 Yes	🗹 No		
		to Domestic Organi ). Part II can be duplic			ents. Complete	if the or	ganization answered "Yes"	on Form 990, Par	t IV, line	21, for any recip	ient		
(a) Name and addre organization or government	ss of (b) E	EIN (c) IRC s (if applic		unt of cash rant	(e) Amount o cash assistano		(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript noncash assi		(h) Purpose or assistance			
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12) 2 Enter total number	of section 501(c)(3	3) and government org	anizations listed in the	line 1 table					•		0		
3 Enter total number	of other organizati	ons listed in the line 1	table								0		
For Paperwork Reduction	Act Notice, see the I	nstructions for Form 99	D.		Cat. N	lo. 50055	Ρ		Sch	edule I (Form 990	i) 2016		
			— Page 2 ——										
Schedule I (Form 990) 20 Part III Grants and		to Domestic Individ	uals. Complete if the	organization	answered "Yes"	on Forr	n 990, Part IV, line 22.			l	Page <b>2</b>		
Part III can (a) Type of gran		litional space is needed (b) Number of	(c) Amount of	- (d)	Amount of	<b>(e)</b> Me	ethod of valuation (book,	(f) Descri	ption of n	oncash assistanc	e		
(1) SCHOLARSHIPS & I		recipients	cash grant		ash assistance		1V, appraisal, other)						
(1)													
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(3)													
(4)													
(5)													
(6)													
(7)													
	emental Information	ation. Provide the in	formation required	in Part I, l	ine 2; Part III,	colum	n (b); and any other ac	Iditional informa	ation.				
Return Reference	Explai	nation											
									Schedu	le I (Form 990)	2010		

**Additional Data** 

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efile Public	Visual F	Render ObjectI	d: 201723139349	303592 - Submission: 201	7-11-09	TIN: 94-3390034
efile Public Visual Render       ObjectId: 201723139349303592 - Submission: 2017-11-09         SCHEDULE O Form 990 or 990-EZ, Department of the Treasury Internal Revenue Service       Supplemental Information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.         Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
lame of the org HE MARTIN LUTH		FREEDOM CTR			<b>Employer ide</b> 94-3390034	ntification number
Return Reference				Explanation		
Form 990, Part VI, Line 11b: Form 990 Review Process	REVIEV	V IS DONE AT A BOAR	D MEETING.			
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	CONTA	CT OUR OFFICES.				
or Paperwork Redu	ction Act No	tice, see the Instructions for F	orm 990 or 990-EZ.	Cat. No. 51056K	Sch	edule O (Form 990 or 990-EZ) 201
Additiona	al Data	1				Return to Form

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