WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> THE FREEDOM FUND 315 FLATBUSH AVENUE, 406 BROOKLYN, NY 11217

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(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	ns.			
<u>Part I - Id</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	identification nu	ımber (TIN)
Print						
File by the	THE FREEDOM FUND				30-0805	768
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 315 FLATBUSH AVENUE, 406	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for BROOKLYN, NY 11217	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicatio	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	in dividual)	03	Form 5227			10
Form 990		04	Form 6069			11
	I-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	I-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08	Torrisoso (other than individual)			14
	ou enter your Return Code, complete either Part II or Part		including signature is applicable of	ply for op	ovtonoion of	
	e Form 5330.	1 m. r art n		ing tor an	extension of	
			atou the fallouring information			
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	n Name					
	n Number					
	n Year Ending (MM/DD/YYYY)					-
	utomatic Extension of Time To File for Exempt Organ				222	
The bo	boks are in the care of ZOE MARSHALL – LO					
		LONDC	N UNITED KINGDOM N	I 9NG	r	
	none No. 20-3777-2220		Fax No			
	organization does not have an office or place of business					
• If this i	is for a Group Return, enter the organization's four-digit (_			-	
box						
1 I rec	quest an automatic 6-month extension of time until $\underline{\mathbf{N}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	the exem	pt organization	return for
the	organization named above. The extension is for the orga	anization's	return for:			
X	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: 🗌 Initial return 🗌 F	Final retur	n	
	Change in accounting period					
3a If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax less			
	nonrefundable credits. See instructions.			3a	\$	0.
	nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any		<u>3a</u>	\$	
b If th esti	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp	ayment all	r refundable credits and owed as a credit.	3a 3b	\$ \$	0.
b If th <u>esti</u> c Bal	nis application is for Forms 990-PF, 990-T, 4720, or 6069	ayment all yment wit	r refundable credits and owed as a credit. n this form, if required, by		_	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 23 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

B Charles C Number and transmission D Employer identification number Image: Adding and the product of the province country, and 2JP or foreign postal code 30 – 0805768 30 – 0805768 Image: Adding and the province, country, and 2JP or foreign postal code G cross-recepts 2 58, 051, 780. H(a) 6 this a group return Image: Adding and address of principal officer. NICHOLAS GRONO BROOKLYN, NY 11217 H(a) 6 this a group return Image: Adding and address of principal officer. NICHOLAS GRONO Form and address of principal officer. NICHOLAS GRONO H(b) Are absordinates? Image: Adding and address of principal officer. NICHOLAS GRONO J Website: FREEDOMFUND.ORG H(b) Are absordinates? Image: Adding and address of principal officer. NICHOLAS GRONO J Website: FREEDOMFUND.ORG H(c) Group exemption number H(c) Group exemption number I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Image: Adding and Address of the organization's mission or most significant activities: SEE SCHEDULE O. I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Image: Adding and Address of the organization's mission or most significant activities: SEE SCHEDULE O. I Briefly describe the organization's mission or most significant activities: SEE SCHEDU	A For the 2	2023 calendar year, or tax year beginning an	d ending		
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Chang Dublemess as Worker	change	THE FREEDOM FUND			
Number and street (of PU, box if mail is not delivered to street address) Normber and street (of PU, box if mail is not delivered to street address) Normber 406 Filephone number 929-224-224 48 Image: Address of principal officer. NICHOLAS GRONO Gross needes 6 58,051,780. Image: Address of principal officer. NICHOLAS GRONO H(a) is this a group return for subordinates? Yes No I Tax exempt status: [X] 501(c)(3) 501(c)(1) (insett no.) 4947(a)(1) or 527 I Tax exempt status: [X] Corporation Trust Association Other L year of formation: 20.3 I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. I 'No, 'attach a list. See instructions I Organization: [X] Corporation or the governing body (Part VI, line 1a) I a 5 5 5 I Organization: [X] corporation or most significant activities: SEE SCHEDULE O. I a 5 I Organization: [X] corporation or most significant activities: SEE SCHEDULE O. I a 5 I Difference organization's mission or most significant activities: SEE SCHEDULE O. I a 5 I Difference organization's mission or most significant activities: SEE SCHEDULE O.	change	Doing business as		30-080576	58
Bit of the section of organization is mission or most significant activities: SEE SCHEDULE SCHEDULE SCHEDULE SAME as the organization is mission or most significant activities: SEE SCHEDULE SCHEDUL		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
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Decent Discretion Discretion<	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	58,051,780.
Perioding SAME AS C ABOYE 1 Taxexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Website: FREEDOMFUND.ORG H(b) Are all aubcrdmates included? Yes No K Form of organization: X Corporation Trust Association Other L Year of formation: 2013 M State of legal domicile; PA Part I Summary If the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part Vi, line 1b) 4 5 4 Number of voting members of the governing body (Part Vi, line 2a) 5 100 6 9 9 7a Total number of volunteers (estimate in necessary) 6 9 7a Total number of volume (Rat VIII, column (A), lines 3, 4, and 7d) 99, 895. 1, 097, 102. 0. 9 Program service revenue (Part VIII, column (A), lines 13) 13, 472, 289. 16, 745, 454. 13 10 Investment income (Par	return	BROOKLIN, NI 11217		H(a) Is this a group re	turn
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J Website: FREEDOMFUND.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2013 M State of legal domicilie: PA Part I Summary State of legal domicilie: PA I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 3 5 3 Number of individuals employed in calendar year 2023 (Part VI, line 2a) 5 10 6 Optimum Part VIII, column (C), line 12 7a 0. 5 Net unrelated business revenue from Form 900-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIIII, ine 1h) 13, 372, 394. 15, 648, 352. 9 9 Porgram service revenue (Part VIII, line 10, lines 3, 4, and 7d) 99, 895. 1, 097, 102. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 99, 895. 1, 0, 723, 338. 14 Benefits paid to or for members (Part				H(b) Are all subordinates ind	cluded? Yes No
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13, 472, 289. 16, 745, 454. 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 7, 667, 894. 10, 723, 338. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5·10) 4, 545, 985. 5, 478, 680. 16a Professional fundraising fees (Part IX, column (A), line 25) 2,086, 418. 0. 0. 17 Other expenses (Part IX, column (A), line 21) 2,086, 418. 19, 583, 402. 22, 499, 766. 19 Revenue less expenses. Subtract line 18 from line 12 -6, 111, 113. -5, 754, 312. 18 Total assets (Part X, line 16) 45, 895, 614. 40, 897, 993. 11 Total liabilities (Part X, line 26) 1, 296, 898. 1, 443, 911. 20 Total assets or fund balances. Subtract line 21 from line 20 44, 598, 716. 39, 454, 082. 20 Total assets or fund balances. Subtract line 21 from line 20 444, 598, 716. 39, 454, 082. <td>👸 10 In</td> <td>vestment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td></td> <td>1,097,102.</td>	👸 10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			1,097,102.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,667,894. 10,723,338. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,545,985. 5,478,680. 16a Professional fundraising expenses (Part IX, column (D), line 25) 2,086,418. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,369,523. 6,297,748. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,583,402. 22,499,766. 19 Revenue less expenses. Subtract line 18 from line 12 -6,111,113. -5,754,312. 20 Total assets (Part X, line 16) 45,895,614. 40,897,993. 21 Total liabilities (Part X, line 26) 1,296,898. 1,443,911. 22 Net assets or fund balances. Subtract line 21 from line 20 44,598,716. 39,454,082. Part II Signature Block Signature Block 39,454,082.	11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		••	•••
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,545,985. 5,478,680. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,086,418. 7,369,523. 6,297,748. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 7,369,523. 6,297,748. 19,583,402. 22,499,766. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,583,402. 22,499,766. 19,583,402. 22,499,766. 19 Revenue less expenses. Subtract line 18 from line 12 -6,111,113. -5,754,312. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,296,898. 1,443,911. 21 Total liabilities (Part X, line 26) 1,296,898. 1,443,911. 22 Net assets or fund balances. Subtract line 21 from line 20 44,598,716. 39,454,082. Part II Signature Block Signature Block 39,454,082.	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			16,745,454.
1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,545,985. 5,478,680. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,086,418. 7,369,523. 6,297,748. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,369,523. 6,297,748. 19,583,402. 22,499,766. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,583,402. 22,499,766. -6,111,113. -5,754,312. 19 Feevenue less expenses. Subtract line 18 from line 12 -6,111,113. -5,754,312. -5,754,312. 19 Total assets (Part X, line 16) 45,895,614. 40,897,993. -6,898. 1,443,911. 21 Total liabilities (Part X, line 26) 1,296,898. 1,443,911. 22 Net assets or fund balances. Subtract line 21 from line 20 44,598,716. 39,454,082. Part II Signature Block 39,454,082.	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,086,418. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,369,523. 6,297,748. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,583,402. 22,499,766. 19 Revenue less expenses. Subtract line 18 from line 12 -6,111,113. -5,754,312. 20 Total assets (Part X, line 16) 45,895,614. 40,897,993. 21 Total liabilities (Part X, line 26) 1,296,898. 1,443,911. 22 Net assets or fund balances. Subtract line 21 from line 20 44,598,716. 39,454,082. Part II Signature Block Signature Block 39,454,082.				-	
17 Other expenses (rart X, column (A), lines Harrid, Hir246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -6, 111, 113. 11 -5, 754, 312. 11 Beginning of Current Year 11 End of Year 12 Vertical assets (Part X, line 16) 13 1, 296, 898. 14 1, 296, 898. 19 Signature Block	ທ ທ 15 Sa				
17 Other expenses (rart X, column (A), lines frame, fine 26) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -6, 111, 113. 11 -5, 754, 312. 11 Beginning of Current Year 11 End of Year 12 Vertical assets (Part X, line 16) 13 1, 296, 898. 14 1, 296, 898. 19 Signature Block	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
17 Other expenses (rart X, column (A), lines Harrid, Hir246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -6, 111, 113. 11 -5, 754, 312. 11 Beginning of Current Year 11 End of Year 12 Vertical assets (Part X, line 16) 13 1, 296, 898. 14 1, 296, 898. 19 Signature Block	b To				
19 Revenue less expenses. Subtract line 18 from line 12 -6,111,113. -5,754,312. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 45,895,614. 40,897,993. 21 Total liabilities (Part X, line 26) 1,296,898. 1,443,911. 22 Net assets or fund balances. Subtract line 21 from line 20 44,598,716. 39,454,082. Part II Signature Block Signature Block 39,454,082.					
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)45,895,614.40,897,993.21Total liabilities (Part X, line 26)1,296,898.1,443,911.22Net assets or fund balances. Subtract line 21 from line 2044,598,716.39,454,082.Part IISignature Block	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			22,499,766.
Part II Signature Block		evenue less expenses. Subtract line 18 from line 12			
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Part II Signature Block	∠ 1 21 To				
	Z∃ 22 Ne			44,398,/16.	39,454,082.
onuer penalues of perjury, receare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is			00 00d	nto and to the bast of more	Inourladge and balled it ?-
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					knowledge and bellet, it is

		, .	
Sign	Signature of officer		Date
Here	ZOE MARSHALL, DIRECTOR OF	FINANCE/SECRETARY	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	MITCH DAVIS	MITCH DAVIS	10/18/24 self-employed P01273382
Preparer	Firm's name WEGNER CPAS LLP		Firm's EIN 39-0974031
Use Only	Firm's address 230 PARK AVE FL 3		
	NEW YORK, NY 1016	9-0005	Phone no. (212) 551-1724
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-2	Form 990 (2023)

	1990 (2023) THE FREEDOM FUND	30-0805768 Page
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE IDENTIFY AND INVEST IN THE MOST EFFECTIVE FRONTLINE	
	ERADICATE MODERN SLAVERY IN THE COUNTRIES AND SECTORS W	
	PREVALENT. PARTNERING WITH VISIONARY INVESTORS, GOVERNM	IENTS,
	ANTI-SLAVERY ORGANIZATIONS AND THOSE AT RISK OF EXPLOIT	ATION, WE
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$11,230,992. including grants of \$6,595,587.) (Re	venue \$ 0.
чa	HOTSPOTS PROJECTS: THE FREEDOM FUND HAS SELECTED KEY G	
	KNOWN TO HAVE A HIGH INCIDENCE OF MODERN SLAVERY, WHERE	
	· · · · ·	
	INTERVENTIONS ARE MOST LIKELY TO RESULT IN A MEASURABLE	
	SLAVERY. IN OUR HOTSPOT PROJECTS, WE INVEST IN A RANGE	
	COMMUNITY-BASED ORGANIZATIONS TO ENABLE THEM TO PROTECT	
	OF SLAVERY, RESCUE AND REHABILITATE THOSE ENSLAVED, AND	
	RESPONSIBLE. THESE HOTSPOT PROJECTS ENCOURAGE COOPERAT	
	LOCAL GRASSROOTS ORGANIZATIONS AND ENSURE AN INTEGRATED	1,
	CROSS-DISCIPLINARY APPROACH.	
4b	(Code:) (Expenses \$3,350,602. including grants of \$1,939,337.) (Re	venue \$ 0 .
	MOVEMENT BUILDING: ORGANIZATIONS AROUND THE WORLD ARE	DOTNG
		HESE EFFORTS ARE
	FRAGMENTED AND UNDERFUNDED. WE AIM TO BUILD A GLOBAL C	
	ACTIVISTS, EXPERTS AND DONORS BY PROVIDING THE PLATFORM	
	TOOLS FOR THEM TO CONNECT AND WORK TOGETHER MORE EFFECT	• •
		ND THE
		O BRING ACTORS
	TOGETHER AND ENCOURAGE GREATER COLLABORATION AND COORDI	NATION.
		0
4c	(Code:) (Expenses \$ 2,573,195. including grants of \$ 2,164,019.) (Re	
	GLOBAL INITIATIVES: OUR SECTOR INITIATIVES COORDINATE	
	RESOURCES AROUND A SLAVERY-SPECIFIC ISSUE, INCLUDING SE	-
	INDUSTRIES, OR CIRCUMSTANCES. THIS ALLOWS THE FREEDOM	
	SYSTEMIC ISSUES LIKE SLAVERY IN FISHING OR CROSS-BORDER	MIGRATION WITH
	NEW TECHNOLOGICAL TOOLS OR LEGAL INITIATIVES. IT FACIL	ITATES A
	COLLABORATIVE APPROACH AND GREATER COMBINED IMPACT. TH	E FREEDOM FUND
	PROVIDES A CHANNEL THROUGH WHICH THOSE WITH FUNDS, KNOW	LEDGE, OR
	INFLUENCE CAN IMPACT INTERNATIONAL ORGANIZATIONS, GOVER	-
	AND THE CORPORATE SECTOR TO SPEED ACTION.	
4d	Other program services (Describe on Schedule O.)	
ти	(Expenses \$ 794,994 · including grants of \$ 24,394 ·) (Revenue \$	0.)
4e	Total program service expenses 17,949,783.	
10		Form 990 (202
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10)18 788028 12608.3AU01 2023.04030 THE FREEDOM H	FUND 1260
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Form	990	(2023)

 Form 990 (2023)
 THE
 FREEDOM
 FUND

 Part IV
 Checklist of Required
 Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u		11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
			- 23	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	├───
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		v	
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	├──
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
332003	12-21-23	Form	990	(2023)

2023.04030 THE FREEDOM FUND

Form	990	(2023)
	330	(2020)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 23
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>^</u>
a	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	0.51		x
~~	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		v
00	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
54	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0.		
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	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 on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	¹²⁻²¹⁻²³ 5	Form	990	(2023)
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	990 (2023) THE FREEDOM FUND 30-0805'	768	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	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 10		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		х	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	
a	If "Yes," enter the name of the foreign country UNITED KINGDOM			
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
6a		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
14a				
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)

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6 2023.04030 THE FREEDOM FUND

	tion A. Governing Body and Management		M.	
	Enter the number of voting members of the governing body at the end of the tax year 5		Yes	No
та		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			- 23
D		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CT, FL, IL, KY, MD	, MA	, MI,	, MN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records $ZOE MARSHALL - 20-3777-2220$			
	LOWER GROUND, CALEDONIA HOUSE, 223 PENTONVILLE RD, LONDON UNITED	кт	NGD	ОМ
007-			990	
32006	3 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES	LOLU	1000	(202

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elow, and for a "No" resp	onse

Governance, Management, and Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" response
o line 8a_8b_or 10b below_describe the circumstances_p	rocesses or changes on Schedule O. See instructions

Form 990 (2023)
Part VI Gove

Form 990 (2023) THE FREEDOM FUND	30-0805768	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	s	
 1a Complete this table for all persons required to be listed. Report compensation for the calendar yea List all of the organization's current officers, directors, trustees (whether individuals or organiza) 	5	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Average hours per week (list any hours for related organizations below line)Average hours per week (list any hours for related organization below line)Average hours for related and director/trustee)Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations(1) NICHOLAS GRONO40.00X271,557.0.65,053.(1) NICHOLAS GRONO40.00X208,187.0.31,522.(1) NICHOLAS GRONO40.00X134,956.0.13,397.(4) ZOE MARSHALL40.00X130,112.0.12,984.(5) ERIN PHELPS40.00X130,112.0.12,984.	(A)	(B)		(C)		(D)	(E)	(F)			
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee)compensation from from the organizations (W-2/1099-MISC/ 1099-NEC)compensation from from (W-2/1099-MISC/ 1099-NEC)amount of other compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations(1) NICHOLAS GRONO CEO/PRESIDENT40.000X271,557.0.655,053.(2) AMY RAHE MANAGING DIRECTOR OF NORTH AMERICA40.000X208,187.0.31,522.(3) DAN VEXLER (4) ZOE MARSHALL40.000X134,956.0.133,397.(4) ZOE MARSHALL (5) ERIN PHELPS40.000X130,112.0.12,984.	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list any hours for related organizationsNote to related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization below line)Note related organization (W-2/1099-MISC/ 1099-NEC)Note related organization (W-2/1099-MISC/ 1099-NEC)Note related organization and related organization and related organizations(1) NICHOLAS GRONO CEO/PRESIDENT (2) AMY RAHE MANAGING DIRECTOR OF NORTH AMERICA40.000 XX271,557.0.655,053.(3) DAN VEXLER MANAGING DIRECTOR OF PROGRAMS40.000 XX134,956.0.13,397.(4) ZOE MARSHALL (5) ERIN PHELPS40.000X130,112.0.12,984.		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.											
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.			rector							J.	
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.			or di	ee			ated		e e	•	
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.			ustee	trust		96	bens		· ·	1099-NEC)	•
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.			ual tr	tional		voldu	t con	_	1099-NEC)		
(1) NICHOLAS GRONO 40.00 x 271,557. 0.65,053. (2) AMY RAHE 40.00 x 208,187. 0.31,522. (3) DAN VEXLER 40.00 x 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 x 130,112. 0.12,984. (5) ERIN PHELPS 40.00 x 130,112. 0.12,984.			ndivid	nstituf	Officer	(ey en	Highes	ormei			organizations
(2) AMY RAHE 40.00 X 208,187. 0. 31,522. (3) DAN VEXLER 40.00 X 134,956. 0. 13,397. (4) ZOE MARSHALL 40.00 X 130,112. 0. 12,984. (5) ERIN PHELPS 40.00 X 130,112. 0. 12,984.	(1) NICHOLAS GRONO	40.00	_	_		-		-			
MANAGING DIRECTOR OF NORTH AMERICA X 208,187. 0. 31,522. (3) DAN VEXLER 40.00 X 134,956. 0. 13,397. (4) ZOE MARSHALL 40.00 X 130,112. 0. 12,984. (5) ERIN PHELPS 40.00 X 130,112. 0. 12,984.	CEO/PRESIDENT				х				271,557.	0.	65,053.
(3) DAN VEXLER 40.00 X 134,956. 0.13,397. (4) ZOE MARSHALL 40.00 X 130,112. 0.12,984. (5) ERIN PHELPS 40.00 V 130,112. 0.12,984.	(2) AMY RAHE	40.00									
MANAGING DIRECTOR OF PROGRAMS X 134,956. 0. 13,397. (4) ZOE MARSHALL 40.00 30,112. 0. 12,984. (5) ERIN PHELPS 40.00 30,112. 0. 12,984.	MANAGING DIRECTOR OF NORTH AMERICA					Х			208,187.	0.	31,522.
(4) ZOE MARSHALL 40.00 DIR. OF FINANCE/SECRETARY X 130,112. (5) ERIN PHELPS 40.00	(3) DAN VEXLER	40.00									
DIR. OF FINANCE/SECRETARY X 130,112. 0. 12,984. (5) ERIN PHELPS 40.00 12,984.	MANAGING DIRECTOR OF PROGRAMS						Х		134,956.	0.	13,397.
(5) ERIN PHELPS 40.00	(4) ZOE MARSHALL	40.00									
	DIR. OF FINANCE/SECRETARY				Х				130,112.	0.	12,984.
	(5) ERIN PHELPS	40.00									
	SENIOR ADVISER TO THE CEO						X		116,040.	0.	23,686.
(6) HAVOVI WADIA <u>40.00</u>	(6) HAVOVI WADIA	40.00									
DIRECTOR OF PROGRAMS 0. 11,107.							X		111,303.	0.	11,107.
(7) YUKI LO <u>40.00</u>	(7) YUKI LO	40.00									
HEAD OF RESEARCH AND EVALUATION X 102,944. 0. 10,008.	HEAD OF RESEARCH AND EVALUATION						X		102,944.	0.	10,008.
(8) ALAN MCCORMICK (THRU NOV) 1.00		1.00									
CHAIR X X 0.			Х		Х				0.	0.	0.
(9) FELICITY GOODING (THRU NOV) 0.50	(, , , , _ , _ , _ , , , ,	0.50									
TREASURER X X 0. 0. 0.			Х		Х				0.	0.	0.
(10) NATASHA DOLBY 0.50		0.50									
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(11) MOLLY GOCHMAN 0.50	·	0.50									
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(12) GRACE FORREST (THRU NOV) 0.50		0.50									_
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(13) PHILIPPE SION (THRU NOV) 0.50		0.50									_
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(14) MAHENDRA PANDEY 0.50		0.50									_
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(15) ANDREW DOUST 0.50		0.50									-
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(16) KATHARINE BRYANT (FROM NOV) 0.50		0.50								•	•
TRUSTEE X 0. <th< td=""><td>TRUSTEE</td><td></td><td>X</td><td></td><td></td><td></td><td> </td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	TRUSTEE		X						0.	0.	0.
			-								
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Form 990 (2023)

								5768 Page 8			
Par	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal								1,075,099.	0	. 167,757.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	0	. 0.
2	Total number of individuals (including but n compensation from the organization										7
3	Did the organization list any former officer,	-			•	•		Ŭ	• •	•	Yes No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3 X 4 X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services	5 X
Sect	ion B. Independent Contractors		.0 1	<i></i>		2075					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
	(A) (B) (C) Name and business address NONE Description of services Compensation										
2	Total number of independent contractors (ii	•	ot lin	nitec	tot			ted	above) who received mo	ore than	
	\$100,000 of compensation from the organized	zation				0	J				

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Ра	rt V	111	_								
			Check if Schedule O c	conta	ains a res	ponse	or note to any line	e in this Part VIII (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
						<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	1				18						
Gra			Membership dues			_					
An S			Fundraising events								
iar İar			Related organizations				6 005 001				
jis,			Government grants (contri			<u> </u>	6,095,331.				
er o	1	f	All other contributions, gifts,	-							
jë E			similar amounts not included	abov			9,553,021.				
		-	Noncash contributions included in I	lines 1	1a-1f 1) \$					
Ŭ d		h	Total. Add lines 1a-1f		<u></u>			15,648,352.			
							Business Code				
e	2 8	а									
ervi		b									
S, C		С									
ran ev		d									
Program Service Revenue	1 •	е									
2	1	f	All other program service	revei	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ling o	dividends	, inter	est, and				
			other similar amounts)					1,031,572.			1031572.
	4		Income from investment o	of tax	-exempt	bond	proceeds				
	5		Royalties	. <u></u>							
					(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
	1	b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)) <u></u>							
	7 :	а	Gross amount from sales of		(i) Secu	urities	(ii) Other				
			assets other than inventory	7a	41,371	,856					
		b	Less: cost or other basis								
ne			and sales expenses	7b	41,306	,326					
Revenue		с		7c	65	,530	•				
Re			Net gain or (loss)					65,530.			65,530.
P			Gross income from fundraisir								
Oŧ			including \$:					
-			contributions reported on								
			Part IV, line 18		-	88					
		b									
			Net income or (loss) from			·· –					
			Gross income from gamin		•						
		-	Part IV, line 19								
	1	b									
			Net income or (loss) from			··					
			Gross sales of inventory, le	-	-	······································					
		-	and allowances			10	a				
	,	h	Less: cost of goods sold								
			Net income or (loss) from s								
	<u> </u>	<u>.</u>		Jaits		.ory .	Business Code				
sn	44	2					Suchess Code				
en en	11										
Miscellaneous Revenue		b									
Sce		c							<u> </u>		
Ξ.			All other revenue								
			Total. Add lines 11a-11d								1005100
	12		Total revenue. See instructio	ons				16,745,454.	0.	0.	1097102.
33200	9 12-2	21-2	23								Form 990 (2023)

Form 990 (2023)

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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 respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,897,671.	2,897,671.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,825,667.	7,825,667.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	719,414.	199,416.	157,974.	362,024.
6	Compensation not included above to disqualified		,	,	•
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,757,555.	1,949,986.	920,594.	886,975.
8	Pension plan accruals and contributions (include	0,101,0001		52070510	
0	section 401(k) and 403(b) employer contributions)	338,683.	167,939.	102,234.	68,510.
0		189,181.	102,040.	35,563.	51,578.
9 10	Other employee benefits	473,847.	234,202.	116,082.	123,563.
10	Payroll taxes	¥/J,04/•	434,404.	110,002.	T72,202.
11	Fees for services (nonemployees):	3,698,565.	3,660,842.	20,190.	17 500
	Management				17,533.
	Legal	65,729.	7,535.	58,194.	
	Accounting	49,480.	20,061.	29,419.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	100 001		100.001	
f	Investment management fees	129,861.		129,861.	
g	Other. (If line 11g amount exceeds 10% of line 25,		<u>.</u>		
	column (A), amount, list line 11g expenses on Sch 0.)	359,123.	65,962.	288,258.	4,903.
12	Advertising and promotion	133,335.	44,560.	5,000.	83,775.
13	Office expenses	148,527.	39,681.	89,890.	18,956.
14	Information technology	266,660.	17,037.	70,103.	179,520.
15	Royalties				
16	Occupancy	289,740.	23,906.	262,018.	3,816.
17	Travel	648,090.	424,504.	35,914.	187,672.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	175,037.	87,542.	9,041.	78,454.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,688.	11,539.	48,149.	
23	Insurance	105,236.	39,119.	66,089.	28.
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	VEVDED GUTD G	40,142.	2,268.	18,801.	19,073.
b		<u> </u>	,		- ,
c					
d					
	All other expenses	128,535.	128,306.	191.	38.
25	Total functional expenses. Add lines 1 through 24e	22,499,766.	17,949,783.	2,463,565.	2,086,418.
<u>25</u> 26	Joint costs. Complete this line only if the organization		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,100,000	2,000,4100
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

11 2023.04030 THE FREEDOM FUND

THE FREEDOM FUND Part X Balance Sheet

Form 990 (2023)

		Check if Schedule O contains a response or note	to any line in this Part X		<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		22,888,979.	1	4,774,806.
	2	Savings and temporary cash investments		20,844,775.	2	2,084,422.
	3	Pledges and grants receivable, net		1,318,846.	3	1,226,448.
	4			66,723.	4	215,913.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described			6	
ι. Ω	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use			8	
As	9			72,980.	9	103,459.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 138,731.			
	b	Less: accumulated depreciation		48,239.	10c	52,275.
	11	Investments - publicly traded securities		0.	11	25,130,458.
	12	Investments - other securities. See Part IV, line 1		0.	12	5,978,264.
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		655,072.	15	1,331,948.
	16	Total assets. Add lines 1 through 15 (must equa		45,895,614.	16	40,897,993.
	17	Accounts payable and accrued expenses		1,075,979.	17	668,564.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
liti		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		220,919.		775,347.
	26	Total liabilities. Add lines 17 through 25		1,296,898.	26	1,443,911.
s		Organizations that follow FASB ASC 958, chec	ck here X			
S		and complete lines 27, 28, 32, and 33.		40 967 697		26 016 720
alar	27			40,867,627.	27	36,916,728. 2,537,354.
Ä	28		· · · ·	3,731,089.	28	2,557,554.
ň		Organizations that do not follow FASB ASC 95	68, check here			
ъ	~~	and complete lines 29 through 33.				
ŝts	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30 21	Paid-in or capital surplus, or land, building, or equ			30	
∋t A	31	Retained earnings, endowment, accumulated inc	Γ	44,598,716.	31	39,454,082.
ž	32 22			45,895,614.	32 33	40,897,993.
	33	Total liabilities and net assets/fund balances		43,033,014.	33	Form 990 (2023)
						FUITI 200 (2023)

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

30-0805768 Page 11

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Form	1990 (2023) THE FREEDOM FUND	30-0	805768	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,745		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,499		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,754	1,3	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,598	3 , 7:	16.
5	Net unrealized gains (losses) on investments	5	548	3,8	<u>58.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	60),81	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	39,454	1,0	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization					L L		
	FREEDOM FUI						0-0805768
Part I Reason for Public C					ee instructions.		
The organization is not a private founda							
1 A church, convention of chu				n 170(b)(1	1)(A)(i).		
2 A school described in section	on 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3 A hospital or a cooperative h					•		
4 A medical research organiza city, and state:	ition operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
5 An organization operated for	r the benefit of a col	llege or university owned	l or operat	ad by a do	vernmental uni	t describe	ad in
section 170(b)(1)(A)(iv). (Co		lege of university owned		eu by a go			
6 A federal, state, or local gove	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X An organization that normall	y receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in
section 170(b)(1)(A)(vi). (Co			Ū.			•	
8 A community trust described		(1)(A)(vi). (Complete Par	t II.)				
9 An agricultural research orga				ed in coniu	unction with a la	nd-arant	colleae
or university or a non-land-gr							
university:	0 0	· · · · ·			,	0	
10 An organization that normall	ly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
activities related to its exemp	pt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	rom gross investment
income and unrelated busine	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	fter June 30, 1975.
See section 509(a)(2). (Com	nplete Part III.)						
11 An organization organized a	nd operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12 An organization organized a	nd operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carr	y out the	purposes of one or
more publicly supported org	anizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 50)9(a)(3). C	Check the box on
lines 12a through 12d that d	lescribes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and 1	2g.	
a Type I. A supporting orgar	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typ	ically by g	giving
the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees	s of the su	ipporting
organization. You must co	omplete Part IV, Se	ections A and B.					
b Type II. A supporting orga	nization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring
control or management of	the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
organization(s). You must	complete Part IV,	Sections A and C.					
c Type III functionally integ	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,
its supported organization	(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supporte	ed organiz	zation(s)
that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	quirement and a	in attentiv	veness
requirement (see instruction	,	•	-				
e Check this box if the organ	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f Enter the number of supported or	• • • • • • • • • • • • • • • • • • • •						
g Provide the following information		<u> </u>	(iv) Is the orga	nization listed			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see inst		(vi) Amount of other support (see instructions)
organization		above (see instructions))	Yes	No	Support (See Ins		
Total							

	/ F	000	000
Schedule A	(⊢orm	990)	202

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 16372920.18659507.51194884.13372394.15648352.11 3 The value of services or facilities furnished by a governmental unit to the organization without charge 16372920.18659507.51194884.13372394.15648352.11 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 16372920.18659507.51194884.13372394.15648352.11							
 membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 16372920. 18659507. 51194884. 13372394. 15648352. 11 							
 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 16372920.18659507.51194884.13372394.15648352.11 							
 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 							
 ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 	.5248057						
 or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 	.5248057						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 16372920.18659507.51194884.13372394.15648352.11 4 Total. Add lines 1 through 3 16372920.18659507.51194884.13372394.15648352.11 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 16372920.18659507.51194884.13372394.15648352.11	5248057						
furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: Constraint of total contributions by each person (other than a governmental unit or publicly supported organization) included Image: Constraint of total contributions total contributions total contributions by each person (other than a governmental unit or publicly supported organization) included Image: Constraint of total contributions total contributions 	5248057						
the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	.5248057						
4 Total. Add lines 1 through 3 16372920.18659507.51194884.13372394.15648352.11 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 16372920.18659507.51194884.13372394.15648352.11	.5248057						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	5248057						
by each person (other than a governmental unit or publicly supported organization) included							
governmental unit or publicly supported organization) included							
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
	<u>5966127.</u>						
	3281930.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total						
7 Amounts from line 4 16372920.18659507.51194884.13372394.15648352.11	.5248057						
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties,	4						
and income from similar sources 25,504. 26,041. 6,275. 99,895. 1031572. 1	189287.						
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)	6428244						
	6437344						
12 Gross receipts from related activities, etc. (see instructions)							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here	<u></u>						
Section C. Computation of Public Support Percentage	84.41 %						
	0.01						
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar	V						
stop here. The organization qualifies as a publicly supported organization X							
	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b							
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b and stop here. The organization qualifies as a publicly supported organization							
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r 	more,						
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 	nore,						
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	nore,						
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% 	nore,						
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the 	nore,						
 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 	nore,						

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

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

Sec	ction A. Public Support		-			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f)))	17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ine 17 is not
-	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in		
33202	3 12-21-23		1.0			Sched	lule A (Form 990) 2023

16 2023.04030 THE FREEDOM FUND

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2023

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	(Form 990) 2023		FREEDOM	
Part IV	Supporting	Organizations	(continued)	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	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 surpages of the supported arganization(s) that appreciated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

30	IDEI VIS		JIIIONEU	THE SUDD	Uluing	Ulganization.	
Sectio	n C.	Type I	I Suppo	orting	Orgă	nižations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 Image: the supported organization(s).

Section D.	All Type III Supporting Organizations	

			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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *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.*

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.04030 THE FREEDOM FUND

Yes No

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023 THE FREEDOM FUND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations THE FREEDOM FUND

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Schedule A (Form 990) 2023

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instructions).

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8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023 Schedule A (Form 990) 2023

FUND Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

THE	FREEDOM
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Schedule A (Form 990) 2023

Part V

<u>Schedule</u> A	(Form 990) 2023		FREEDOM		30-0805768 _{Page}
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 30 ction D, lines 2 ar , 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 1d 3; Part IV, Se	xplanations required by Part II, line 10; Part II, line 17a o 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , lines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
332028 12-21-2	3			21	Schedule A (Form 990) 20
				4 1	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

30-0805768

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE FREEDOM FUND

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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

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

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$ <u>2,422,098.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,496,014.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,422,966.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,886,747.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,435,141.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	-23	\$ <u>1,071,508.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

Name of organization

Employer identification number

30-0805768

Schedule B (Form 990) (2023)

2-20-23

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THE FREEDOM FUND 30-0805768				
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7_		\$ <u>805,183.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8_		\$875,597.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$620,752.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	5-23	\$	Person Payroll Occupied Part II for noncash contributions.)	

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE FE	REEDOM FUND	30-0805768		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.		
(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	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_ _ _ \$		

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Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Name of or	ganization			Employer identification number		
ਸਸ ਸਸ	REEDOM FUND			30-0805768		
Part III	Exclusively religious, charitable, etc., contribut					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	 For organizations ss for the year. (Enter this info.) 	once.) \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, a		Relationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I	(b) Fulpose of girt			scription of now girt is new		
F	(e) Transfer of gift					
		_				
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
F		(a) Transfer of sift				
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
F	(e) Transfer of gift					
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee		
		[
323454 12-26-	23			Schedule B (Form 990) (2023)		
		27				

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2023.04030 THE FREEDOM FUND

SCHEDULE D	S
(Form 990)	C

upplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service N

	TINT	

Nam	e of the organization THE FREEDOM FUND			Employer identification number
Pa		Funds or Other	Similar Funds (
Iu	organization answered "Yes" on Form 990, Part IV, line			Complete in the
		(a) Donor advis	sed funds	(b) Funds and other accounts
	Tatal mumber at and of year			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w			
-	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o	-		
Pa	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
				art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	<u> </u>		
	Preservation of land for public use (for example, recreation	on or education)		a historically important land area
	Protection of natural habitat	L	Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and e	enforcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above s	atisfy the requiremen	ts of section 170(h)(
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		-	
	balance sheet, and include, if applicable, the text of the footno	te to the organization	's financial stateme	nts that describes the
De	organization's accounting for conservation easements.	Art Historical Tr		or Cimilar Acasta
Pa	t III Organizations Maintaining Collections of A	-	easures, or Ou	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1 a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for publi			•
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,	-		
	art, historical treasures, or other similar assets held for public e	exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas	sures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		<u></u>	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions f	for Form 990.		Schedule D (Form 990) 2023

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2023.04030 THE FREEDOM FUND

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Sche		EDOM FUND						30-08	0576	8 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	easures, or	Othe	r Simila	ar Assets	contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the	following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 La	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 O	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	/ further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the or	ganizatior	n answered "Y	es" on	Form 990), Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:				1	A.m.o.un	+	
							<u> </u>		Amoun	L	
C	Beginning balance										
a	Additions during the year										
e 4	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •				
Par											_
		(a) Current year	(b) Prie		(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance						. ,				
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held ar	nd administere	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		wment fur	ids.							
Fai	Complete if the organization answere			ino 110 S	Soo Earm 000	Dort V	lino 10				
					i			tad	(a) D :	10.00	
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• • •	ccumula preciatio		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			13	8,731.		86,4	56.	5	2,2	75.
	Other									• •	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10c</u>	. column	<u>(B))</u>					2,2	
								• • • • • • • • • • •	D /F	- 0001	0000

Schedule D (Form 990) 2023

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Dort VII Investme			
Schedule D (Form 990) 20	23 THE	FREEDOM	FUND

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(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-vear market value
1) Financial derivatives			
2) Clearly hold aguity interacts			
3) Other			
(A) CASH AND CASH EQUIVALENTS			
(B) HELD IN INVESTMENT			
(C) ACCOUNT	5,978,264.	END-OF-YEAR MARKET	VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,978,264.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1d See Form 990 Part X line 15	
-	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)	(B))		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6)			(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6) (7)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 THE FREEDOM FUND		30-0805768 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
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	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		
Pa	t XIII Supplemental Information		

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

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the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the g	rants or assistance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its g	grants and other assistance out	side the
United States.					
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is ne	eded.)	
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENTS		
INDIA, MALDIVES,	0	5	LOCATED IN REGION		1,299,445.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA			GRANTS TO RECIPIENTS		
FASO,	1	10	LOCATED IN REGION		709,560.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,			GRANTS TO RECIPIENTS		
CAMBODIA,	0	7	LOCATED IN REGION		2,612,644.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS		
AUSTRIA, BELGIUM	1	2	LOCATED IN REGION		1,702,721.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			GRANTS TO RECIPIENTS		
STATES	1	1	LOCATED IN REGION		280,000.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,			GRANTS TO RECIPIENTS		
COLUMBIA, ECUADOR,	1	5	LOCATED IN REGION		1,090,642.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,			GRANTS TO RECIPIENTS		
DJIBOUTI, EGYPT,	0	1	LOCATED IN REGION		130,655.
3 a Subtotal	4	31			7,825,667.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	4	31			7,825,667.
For Paperwork Reduction A	ct Notice. see th	e Instructions f	or Form 990.	Schedule F	(Form 990) 2023
-	,				- •

Department of the Treasury Internal Revenue Service

Name of the organization

THE FREEDOM FUND

Form 990, Part IV, line 14b.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

LHA 332071 11-29-23

OMB No. 1545-0047 3 **Open to Public** Inspection

Employer identification number

30-0805768

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	200,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	180,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	178,513.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	157,460.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	135,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	134,182.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	129,922.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	113,725.	WIRE TRANSFER	٥.		

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

<u>143</u> 0

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Schedule F (Form 990)	THE F	REEDOM FUND			30-08	05768		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	87,150.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	81,078.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	80,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	79,692.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		, -				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	73 449.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	71 602.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	61 741	WIRE TRANSFER	0.		
		EAST ASIA AND THE		, /				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	59 991	WIRE TRANSFER	0.		
		PROMIT, DOMMA,				۰.		

Schedule F (Form 990)	THE F	REEDOM FUND			30-08	05768		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	59,713.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	54,270.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE		, -				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	43 550.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	40 000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	40 000	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	36 776	WIRE TRANSFER	0.		
		PROMIT, DORMA,	STUDIE THE PRITONS	50,770.		۰.		

Schedule F (Form 990)	THE F	REEDOM FUND			30-08	05768		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	35,000.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	35,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	31,600.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	27,421.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	26,944.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE		,				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		, BRUNEI, BURMA,	SLAVERY INTEVENTIONS	25 000.	WIRE TRANSFER	ο.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	21,989.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE		,_ ••••				
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	20 079.	WIRE TRANSFER	0.		
		EAST ASIA AND THE				-•		
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	20 000	WIRE TRANSFER	0.		
		P		20,000.		· ·		1

Schedule F (Form 990)	THE F	REEDOM FUND			30-08	05768		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	13,006.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	DIRECT FUNDING OF					
		AUSTRALIA,	COMMUNITY BASED ANTI					
		BRUNEI, BURMA,	SLAVERY INTEVENTIONS	8,792.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	587,120.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	172,330.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	160,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	150,228.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	138,205.	WIRE TRANSFER	Ο.		
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	95,000.	WIRE TRANSFER	Ο.		

(a) Name of organization (b) his observation (c) Region (c) Region non-cash of nor	scription (i) Method of n-cash valuation (book, FMV, stance appraisal, other)
(a) Name of organization (b) molecular solution and EIN (if applicable) (c) Region (c) Region (c) Pariodic grant (c) Pariodic of cash grant (c) Pariodic cash disbursement non-cash assistance of non assistance EUROPE (INCLUDING ICELAND & GREENLAND) - DIRECT FUNDING OF GREENLAND) - 0 0 0 EUROPE (INCLUDING ICELAND & BUROPE (INCLUDING ICELAND & ICELAND & DIRECT FUNDING OF 89,252. WIRE TRANSFER 0.	n-cash valuation (book, FMV,
ICELAND & DIRECT FUNDING OF ICELAND & ICELAND & GREENLAND) - COMMUNITY BASED ANTI 89,252.WIRE TRANSFER 0. ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 89,252.WIRE TRANSFER 0. EUROPE (INCLUDING ICELAND & DIRECT FUNDING OF ICELAND & ICELAND &	
GREENLAND) - COMMUNITY BASED ANTI ALBANIA, ANDORRA, SLAVERY INTEVENTIONS BUROPE (INCLUDING ICELAND & DIRECT FUNDING OF	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 89,252. WIRE TRANSFER 0. EUROPE (INCLUDING ICELAND & DIRECT FUNDING OF 0 0 0	
EUROPE (INCLUDING ICELAND & DIRECT FUNDING OF	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 83,110. WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 70,000. WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 50,605. WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 29,278. WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 24,394.WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 24,000.WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 12,000. WIRE TRANSFER 0.	
EUROPE (INCLUDING	
ICELAND & DIRECT FUNDING OF	
GREENLAND) - COMMUNITY BASED ANTI	
ALBANIA, ANDORRA, SLAVERY INTEVENTIONS 10,000. WIRE TRANSFER 0.	

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &	DIRECT FUNDING OF					
		GREENLAND) -	COMMUNITY BASED ANTI					
		ALBANIA, ANDORRA,	SLAVERY INTEVENTIONS	7,200.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	276,087.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	155,572.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	150,738.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	70,058.	WIRE TRANSFER	٥.		
		SOUTH ASIA -		,				
		AFGHANISTAN,	DIRECT FUNDING OF					
		, BANGLADESH,	COMMUNITY BASED ANTI					
		, BHUTAN, INDIA,	SLAVERY INTEVENTIONS	68,382.	WIRE TRANSFER	ο.		
		SOUTH ASIA -		,				
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	63,168.	WIRE TRANSFER	0.		
		SOUTH ASIA -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	54 671.	WIRE TRANSFER	ο.		
		SOUTH ASIA -		-,-, - ,-,-,		- •		
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	49 837	WIRE TRANSFER	0.		
				±,057.	ring indigities	۰.		

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	42,848.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	29,111.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	22,103.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -		,				
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA -		,				
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	18,143.	WIRE TRANSFER	0.		

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	11,000.	WIRE TRANSFER	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,	DIRECT FUNDING OF					
		BANGLADESH,	COMMUNITY BASED ANTI					
		BHUTAN, INDIA,	SLAVERY INTEVENTIONS	7,725.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -		,				
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	145,031.	WIRE TRANSFER	0.		
		SOUTH AMERICA -		,				
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	105 290.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	91 954.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	89 697	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	67 029	WIRE TRANSFER	0.		
		SOUTH AMERICA -		07,025.				
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	62 259	WIRE TRANSFER	0.		
		SOUTH AMERICA -	SPULLEN THE PRITONS	02,239.	MINE INANOPER	0.		
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
				61 414		0.		
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	01,414.	WIRE TRANSFER	υ.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	52,294.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	51,020.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	49,109.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	35,227.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	35,126.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	29,572.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	27,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	26,526.	WIRE TRANSFER	0.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	25,000.	WIRE TRANSFER	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	25,000.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	25,000.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	25,000.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	12,498.	WIRE TRANSFER	Ο.		
		SOUTH AMERICA -						
		ARGENTINA,	DIRECT FUNDING OF					
		BOLIVIA, BRAZIL,	COMMUNITY BASED ANTI					
		CHILE, COLUMBIA,	SLAVERY INTEVENTIONS	9,095.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	65,360.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	45,000.	WIRE TRANSFER	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
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		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	44,872.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	43,406.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	40,479.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	34,182.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	28,313.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN		, -				
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		, BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	24 809.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20 000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN		,				
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20 000	WIRE TRANSFER	0.		
		SUB-SAHARAN		20,000.				
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20 000	WIRE TRANSFER	0.		
		PORKTINA FASO,	SHAREKI INTEVENTIONS	20,000.	WING INAMOLER	۰.		

Schedule F (Form 9	990) THE F	REEDOM FUND			30-08	05768		Page 2
Part II Contin	uation of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line <u>1)</u>		
1 (a) Name of orgar	nization (b) IRS code section and EIN (if applicable)	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	20,000.	WIRE TRANSFER	Ο.		

Pert II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1). 1 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of non-cash assistance (f) Manner of non-cash assistance (f) Description of non-cash assistance VIE SUB SAHARAN APRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SLAVERY INTEVENTIONS 20,000. WIRE TRANSPER 0. VIE SUB SAHARAN APRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SLAVERY INTEVENTIONS 18,000. WIRE TRANSPER 0. VIE SUB SAHARAN APRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SLAVERY INTEVENTIONS 18,000. WIRE TRANSPER 0. VIE SUB-SAHARAN APRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SLAVERY INTEVENTIONS 16,216. WIRE TRANSPER 0. VIE SUB-SAHARAN APRICA - ANGOLA, BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSPER 0. VIE SUB-SAHARAN APRICA - ANGOLA, BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSPER 0. VIE SUB-SAHARAN APRICA - ANGOLA, BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSPER 0. VIE SUB-SAHARAN APRICA - ANGOLA, BURKINA FASO, SLAVERY I	Page 2
(a) Name of organization (c) Region (c) Region <td< td=""><td></td></td<>	
AFRICA - ANGOLA, BENIN, BOTSWANA, OUMUNITY BASED ANTI BURKINA FASO, DIRECT FUNDING OF SLAVERY INTEVENTIONS 20,000. WIRE TRANSFER 0. AFRICA - ANGOLA, BENIN, BOTSWANA, OURININ FASO, DIRECT FUNDING OF BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, 18,000. WIRE TRANSFER 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, DIRECT FUNDING OF BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, DIRECT FUNDING OF BENIN, BOTSWANA, 0. SUB-SAHARAN AFRICA - ANGOLA, BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0.	(i) Method of valuation (book, FMV, appraisal, other)
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AFRICA - ANGOLA, DIRECT FUNDING OF Image: Community based anti BENIN, BOTSWANA, COMMUNITY BASED ANTI 0. BURKINA FASO, SLAVERY INTEVENTIONS 16,216. WIRE TRANSFER 0. SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF 0. BENIN, BOTSWANA, COMMUNITY BASED ANTI 0. 0. BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSFER 0. BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSFER 0. BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSFER 0. BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0. BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0. SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF 0. BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0.	
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Image: Sub-Saharan SUB-SAHARAN Image: Sub-Sahar	
SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, SLAVERY INTEVENTIONS SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF BENIN, BOTSWANA, COMMUNITY BASED ANTI BURKINA FASO, SLAVERY INTEVENTIONS BURKINA FASO, SLAVERY INTEVENTIONS 14,766. WIRE TRANSFER O. SUB-SAHARAN BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF	
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Image: Sub-Saharan and Sub-Saharan africa - Angola, Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 14,766. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 12,577. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 12,577. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of	
Image: Sub-Saharan and Sub-Saharan africa - Angola, Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 14,766. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 12,577. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of Benin, Botswana, Community Based anti Burkina Faso, Slavery inteventions 12,577. Wire transfer 0. Image: Sub-Saharan africa - Angola, Direct funding of	
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BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0. SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF Image: Comparison of the second	
BURKINA FASO, SLAVERY INTEVENTIONS 12,577. WIRE TRANSFER 0. SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF Image: Comparison of the second	
SUB-SAHARAN AFRICA - ANGOLA, DIRECT FUNDING OF	
BENIN BOTSWANA COMMUNITY BASED ANTI	
BURKINA FASO, SLAVERY INTEVENTIONS 11,000. WIRE TRANSFER 0.	
SUB-SAHARAN SUB-SAHARAN	
AFRICA - ANGOLA, DIRECT FUNDING OF	
BENIN, BOTSWANA, COMMUNITY BASED ANTI	
BURKINA FASO, SLAVERY INTEVENTIONS 10,779. WIRE TRANSFER 0.	
SUB-SAHARAN	
AFRICA - ANGOLA, DIRECT FUNDING OF	
BENIN, BOTSWANA, COMMUNITY BASED ANTI	
BURKINA FASO, SLAVERY INTEVENTIONS 10,467. WIRE TRANSFER 0.	
SUB-SAHARAN	
AFRICA - ANGOLA, DIRECT FUNDING OF	
BENIN, BOTSWANA, COMMUNITY BASED ANTI	
BURKINA FASO, SLAVERY INTEVENTIONS 9,965. WIRE TRANSFER 0.	

Schedule F (Form 990)	THE F	REEDOM FUND			30-08	05768		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	7,726.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	5,987.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	DIRECT FUNDING OF					
		BENIN, BOTSWANA,	COMMUNITY BASED ANTI					
		BURKINA FASO,	SLAVERY INTEVENTIONS	5,658.	WIRE TRANSFER	Ο.		
		NORTH AMERICA -		,				
		CANADA AND	DIRECT FUNDING OF					
		MEXICO, BUT NOT	COMMUNITY BASED ANTI					
		THE UNITED STATES	SLAVERY INTEVENTIONS	130,000.	WIRE TRANSFER	Ο.		
		NORTH AMERICA -		,				
		CANADA AND	DIRECT FUNDING OF					
		MEXICO, BUT NOT	COMMUNITY BASED ANTI					
		THE UNITED STATES	SLAVERY INTEVENTIONS	60,000.	WIRE TRANSFER	Ο.		
		NORTH AMERICA -		, -				
		CANADA AND	DIRECT FUNDING OF					
		MEXICO, BUT NOT	COMMUNITY BASED ANTI					
		THE UNITED STATES	SLAVERY INTEVENTIONS	50 000.	WIRE TRANSFER	Ο.		
		NORTH AMERICA -						
		CANADA AND	DIRECT FUNDING OF					
		MEXICO, BUT NOT	COMMUNITY BASED ANTI					
		THE UNITED STATES	SLAVERY INTEVENTIONS	40 000	WIRE TRANSFER	Ο.		
				10,000.				
			DIRECT FUNDING OF					
		MIDDLE EAST AND	COMMUNITY BASED ANTI					
		NORTH AFRICA	SLAVERY INTEVENTIONS	101 160	WIRE TRANSFER	Ο.		
				101,100.		0.		
			DIRECT FUNDING OF					
		MIDDLE EAST AND	COMMUNITY BASED ANTI					
		NORTH AFRICA	SLAVERY INTEVENTIONS	29 /95	WIRE TRANSFER	0.		
		MORIN AFRICA	PLAVERI INTEVENTIONS	29,495.	WINE TRANSPER	υ.		

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chedule F (Form 990) 2023 T	HE FREEDOM I	FUND	30-0805768							
			ates. Complete if	if the organization answered "Yes" on Form 990, Part IV, line 16.						
Part III can be duplicated if ac (a) Type of grant or assistance	dditional space is need (b) Region	ed. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistant				
					assistance					
	1		1 1		1 1					

Page **3**

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

	Supplementa	al Inforr	nation	
Schedule F	(Form 990) 2023	\mathbf{THE}	FREEDOM	FUND

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN GRANT AGREEMENTS AND SUBMIT FINANCIAL

REPORTS TO MEASURE COSTS AGAINST QUARTERLY AND ANNUAL BUDGETS. THE ITEMS

ARE THEN REVIEWED TO MONITORING HOW GRANTS ARE EXPENSED.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR

EXPENDITURES IN THE LISTED REGIONS.

Schedule F (Form 990) 2023

332075 11-29-23

11091018 788028 12608.3AU01

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an ete if the organizatio	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047 2023 Open to Bublic		
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form a.gov/Form990 for		ation.			Open to Public Inspection	;
Name of the organization		OM FIND							entification numl	
Part I General In	THE FREED formation on Grants a								30-080576	0
1 Does the organiz	ation maintain records t ward the grants or assis	o substantiate the							X Yes	No
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.					
	d Other Assistance to I nat received more than \$					anization answered "Y	es" on Form 990, Parl	: IV, line 21, fo	or any	
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of grant assistance	
NORC 4350 EAST-WEST HIC BETHESDA, MD 20814	•	46-1349584	501(C)(3)	448,489.	0.			END MODERN	I CI AVEDY	
BEINESDA, MD 2001	±	40-1349504	501(0)(3)	440,409.	۰.			END MODERI	SUAVERI	
TRANSPARENTEM LTD 310 ATLANTIC AVE,	3RD FLOOR									
NEW YORK, NY 11203	1	47-5175472	501(C)(3)	435,000.	0.			END MODERN	I SLAVERY	
CORPORATE ACCOUNT 6214 N GLENWOOD AV CHICAGO, IL 60660		81-5123686	501(C)(3)	331,380.	0.			END MODERN	N SLAVERY	
HUMAN TRAFFICKING 1030 15TH STREET,	NW 10413									
WASHINGTON, DC 200	009	46-1349584	501(C)(3)	297,000.	0.			END MODERN	N SLAVERY	
POPULATION COUNCI 1 DAG HAMMARSKJOLI NEW YORK, NY 1001	D PLAZA	13-1687001	501/(2)(3)	291 126	0.			END MODERN		
	,	13 100/001	501(0/(5/	291,126.	0.			LIND MODERI	ODAVENI	
POLARIS PO BOX 65323										
WASHINGTON, DC 200		03-0391561		267,500.	0.			END MODERN		
	er of section 501(c)(3) a		•	e line 1 table						.7. 0.
3 Enter total number	er of other organizations	s listed in the line 1	I table							υ.

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

INTERNATIONAL LABOR RIGHTS FORUM						
1634 I STREET NW, SUITE 1000						
WASHINGTON, DC 20006	46-1349584	501(C)(3)	75,000.	0.		END MODERN SLAVERY
BUSARA CENTER FOR BEHAVIORAL						
ECONOMICS, INC 28 SPRING ST,						
#193 - PRINCETON, NJ 08542	46-2695042	501(C)(3)	58,175.	0.		END MODERN SLAVERY
VERITE INC						
390 COLLEGE ST						
AMHERST, MA 01002	04-3304538	501(C)(3)	40,000.	0.		END MODERN SLAVERY
EDUCATION FUND OF THE AMERICAN						
CENTER FOR INTERNATIONAL LABOR						
SOLIDARITY - 1130 CONNECTICUT						
AVENUE NW, SUITE 800 - WASHINGTON,	52-1984713	501(C)(3)	40,000.	0.		END MODERN SLAVERY
CHAB DAI INTERNATIONAL						
6808 N ASHLAND BOULEVARD						
CHICAGO, IL 60626	26-4646578	501(C)(3)	30,000.	0.		END MODERN SLAVERY
CHINA LABOR WATCH						

THE FREEDOM FUND Schedule I (Form 990)

(a) Name and address of

organization or government

1300 EYE STREET, NW SUITE 1100E

GREENPEACE FUND

FREE THE SLAVES

127 WEST 30TH STREET, 9TH FLOOR #96

NEW YORK CITY, NY 10001

WASHINGTON, DC 20005

SURVIVOR ALLIANCE US 1173 SUTTER STREET BERKELEY, CA 94707

1320 19TH ST NW STE 600 WASHINGTON, DC 20036

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

(d) Amount of

cash grant

220,000

164,500

123,500

(e) Amount of

noncash

assistance

0.

0.

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

95-3313195 501(C)(3)

82-4425458 501(C)(3)

56-2189635 501(C)(3)

11-3596560 501(C)(3)

30-0805768 Page 1

(h) Purpose of grant

or assistance

END MODERN SLAVERY

END MODERN SLAVERY

END MODERN SLAVERY

END MODERN SLAVERY

30,000.

Schedule I (Form 990) THE FREEDOM FUND

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REEDOM NETWORK USA INC							
L2 H ST NE, SUITE 1667							
ASHINGTON, DC 20002	46-1349584	501(C)(3)	26,000.	Ο.			END MODERN SLAVERY
NTERFAITH CENTER ON CORPORATE							
ESPONSIBILITY - 475 RIVERSIDE							
RIVE, SUITE 1842 - NEW YORK, NY							
0015	13-3235906	501(C)(3)	20,000.	Ο.			END MODERN SLAVERY

Schedule I (Form 990)

332102 11-01-23

THE FREEDOM FUND

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2023

ALL GRANTS ARE AWARDED ON THE BASIS ON A SIGNED GRANT AGREEMENT IN WHICH

DELIVERABLES HAVE BEEN CLEARLY IDENTIFIED. DELIVERABLES ARE THEN CLOSELY

MONITORED TO ENSURE TIMELY DELIVERY, AND WHERE APPLICABLE, SUBSEQUENT

INSTALLMENTS ARE DELAYED UNTIL THESE ARE MET.

Page 2

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
	Compensated Employees		20	ZJ)
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organiz		Employer i			mber
	THE FREEDOM FUND	30-0	805768	8	
Part I Quest	ions Regarding Compensation				——
				Yes	No
	opriate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	n A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	or charter travel Housing allowance or residence for perso				
	companions Payments for business use of personal re				
	nification and gross-up payments Health or social club dues or initiation fee				
	ary spending account Personal services (such as maid, chauffe	ur, chei)			
b If any of the be	ven en line te are checked, did the craonization follow a written policy recording poyment or				
•	xes on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	fficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which	if any, of the following the organization used to establish the compensation of the organization'	s			
	Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	ensation of the CEO/Executive Director, but explain in Part III.				
· · · ·	ation committee Written employment contract				
·	ent compensation consultant X Compensation survey or study				
	of other organizations X Approval by the board or compensation	committee			
	· · · · ·				
4 During the yea	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or	a related organization:				
a Receive a seve	rance payment or change-of-control payment?		4a		X
b Participate in c	r receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in c	r receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 5	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons lis	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	he revenues of:				
a The organization	n?		5a		
	anization?		5 b		X
	5a or 5b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	he net earnings of:				v
a The organization	n?		<u>6a</u>		X X
	anization?		6b		
	6a or 6b, describe in Part III.	_			
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v
	n lines 5 and 6? If "Yes," describe in Part III		7		X
-	ints reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				v
			8		X
	8, did the organization also follow the rebuttable presumption procedure described in		. 9		
	ction 53.4958-6(c)?		୨ lule J (Form	000	1 2022
	uction Act Notice, see the Instructions for Form 990.	Sched		1 330	, 2023

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30-0805768

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NICHOLAS GRONO	(i)	271,557.	0.	0.	56,510.	8,543.	336,610.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY RAHE	(i)	208,187.	0.	0.	10,281.	21,241.	239,709.	0.
MANAGING DIRECTOR OF NORTH AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 30-0805768

THE FREEDOM FUND

FORM 990, PART I, LINE 1:

DEMONSTRATING HOW EFFECTIVE INTERVENTIONS CAN PROTECT THOSE AT RISK OF

MODERN SLAVERY AND TO SUPPORT THOSE EXPERIENCING MODERN SLAVERY TO

LEAVE THE SITUATION. WE INVEST IN COUNTRIES AND SECTORS WITH THE

GREATEST INCIDENCE OF MODERN SLAVERY. WE MEASURE THE EFFECTIVENESS OF

INTERVENTIONS WITH THE AIM OF DELIVERING SCALABLE PROGRAMS AND

SUSTAINABLE PROGRESS. WE CONVENE RESEARCHERS, PRACTITIONERS AND DONORS

TO SHARE LESSONS AND BEST PRACTICES, ENSURING THAT OUR PARTNERS' VOICES

ARE REPRESENTED. IN THIS WAY, WE CAN MAKE THE CASE FOR SYSTEMS CHANGE

AND FOR THE INVESTMENT NEEDED TO SUPPORT MORE FRONTLINE PARTNERS,

DRIVING THE PROGRAMMATIC WORK, AND SHIFTS IN POWER, THAT WILL BRING

MODERN SLAVERY TO AN END.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TACKLE THE SYSTEMS THAT ALLOW SLAVERY TO PERSIST AND THRIVE. WORKING TOGETHER, WE PROTECT VULNERABLE POPULATIONS, LIBERATE AND REINTEGRATE THOSE ENSLAVED AND PROSECUTE THOSE RESPONSIBLE.

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

QUALITY AND LEARNING

EXPENSES \$ 794,994. INCLUDING GRANTS OF \$ 24,394. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS FOUNDING MEMBERS.

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

Schedule O (Form 990) 2023

FORM 990, PART VI, SECTION A, LINE 7A:

EACH FOUNDING MEMBER RESERVES THE RIGHT TO APPOINT TWO MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING TRANSACTIONS REQUIRE THE APPROVAL OF 2/3 OF THE FOUNDING MEMBERS: ANY AMENDMENTS TO, OR THE REPEAL OF, ANY PROVISION OF THE ARTICLES OR BYLAWS OR THE ARTICLES OF INCORPORATION OR BYLAWS OF ANY SUBSIDIARY OF THE CORPORATION; THE INCREASE OR DECREASE IN THE AUTHORIZED NUMBER OF MEMBERS OF THE BOARD OF DIRECTORS OR THE BOARD OF DIRECTORS OF A SUBSIDIARY; THE ADOPTION OF ANY PLAN FOR THE MERGER, CONSOLIDATION OR REORGANIZATION OF THE CORPORATION OR A SUBSIDIARY; THE ADOPTION OF ANY PLAN FOR THE DIVISION OR CONVERSION OF THE CORPORATION OR A SUBSIDIARY; THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR A SUBSIDIARY; THE FORMATION OF A SUBSIDIARY OF THE CORPORATION OR A SUBSIDIARY OF A SUBSIDIARY OTHER THAN A UNITED KINGDOM CHARITY FORMED AS A SUBSIDIARY OF THE CORPORATION WITHIN SIX (6) MONTHS FROM THE DATE OF THE FIRST MEETING OF THE BOARD OF DIRECTORS; THE ADOPTION OF ANY PLAN FOR THE DISSOLUTION OR LIQUIDATION OF THE CORPORATION OR A SUBSIDIARY; THE CREATION OF AN ADDITIONAL MEMBERSHIP CLASS OF THE CORPORATION OR A SUBSIDIARY; THE APPOINTMENT OF ANY ADDITIONAL MEMBERS OF THE CORPORATION OR A SUBSIDIARY; AND THE APPROVAL, MODIFICATION OR TERMINATION OF THE SIGNATORY AND DISBURSEMENT POLICY OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FREEDOM FUND DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

332212 11-14-23

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

THE PREPARED FORM 990 WAS REVIEWED BY THE DIRECTOR OF FINANCE AND

ADMINISTRATION AND BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN

WAS FILED WITH THE IRS.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BODY DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON HE/SHE IS RECUSED FROM THE GOVERNING BODY OR COMMITTEE WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. IFTHE GOVERNING BODY OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BODY OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

THE PROCESS FOR DETERMINING THE CEO AND DIRECTOR OF FINANCE AND

ADMINISTRATION'S COMPENSATION INCLUDES THE REVIEW AND APPROVAL BY

61

INDEPENDENT PERSONS AND THE USE OF COMPARABLE DATA.

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization

THE FREEDOM FUND

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, IL, KY, MD, MA, MI, MN, NH, NY, OR, RI, SC, UT, VA, WV, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

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

FOREIGN EXCHANGE RATE LOSS

60,820.

332212 11-14-23

Schedule O (Form 990) 2023

332161 09-28-23 LHA

(a)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(c Section 5 contro enti	olled
				501(c)(3))		Yes	No
THE FREEDOM FUND UK							
LIGHTERMAN HOUSE 26-36 WHARFDALE ROAD							
LONDON, UNITED KINGDOM N1 9RY	ANTI-SLAVERY SERVICES	UNITED KINGDOM	501(C)(3)		THE FREEDOM FUND	Х	
THE FREEDOM FUND ETHIOPIA							
ETHIO CHAINA AVENUE, AROUND WOLO SEFER, HMM B							
ETHIO CHAINA AVENUE, AROUND WOLO SEFER,HMM B KIRKOS SUB CITY, WOREDA, ETHIOPIA 02	ANTI-SLAVERY SERVICES	UNITED KINGDOM	501(C)(3)		THE FREEDOM FUND	X	
	-						
For Paperwork Reduction Act Notice, see the Instruction	 s for Form 990.				Schedule R (Form 99	0) 2023

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Employer identification number

30-0805768

Open to Public Inspection

20

23

Department of the Treasury Internal Revenue Service Name of the organization

THE FREEDOM FUND

Devil 1 Internet Constant · · · · Fastitio مالية: ملما م nizatio 0

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

SCHEDULE R

(Form 990)

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE FREEDOM FUND

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· , ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No
	1								
	1								

Schedule R (Form 990) 2023 THE FREEDOM FUND

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	-		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses			Ŧ
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FREEDOM FUND UK	0	3,772,874.	ACTUAL COST
(2) THE FREEDOM FUND UK	N	722,826.	ACTUAL COST
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 THE FREEDOM FUND

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(2)	<u> </u>	F	(d)	10		(#)	(ന)		•	(3)	(3)	(k)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d)	Are Are partners 501(c orgs	all	(f) Share of	(g) Share of		n)	(i) Code V URI	(j) General (
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	4
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

332165 09-28-23

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