

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

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

|||||||

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

| | | | |
|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE FREEDOM FUND | | D Employer identification number 30-0805768 |
| | Doing business as | | E Telephone number 929-224-2448 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 315 FLATBUSH AVENUE | | G Gross receipts \$ 51,201,158. |
| | City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11217 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F Name and address of principal officer: NICHOLAS GRONO SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. See instructions | |
| J Website: WWW.FREEDOMFUND.ORG | | H(c) Group exemption number | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2013 | M State of legal domicile: PA |

Part I Summary

| | | | |
|---|---|---|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE CAPITAL AND KNOWLEDGE NEEDED TO END SLAVERY. WE GENERATE PRIVATE FUNDING BY | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 9 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 7 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 18,659,507. | Current Year 51,194,883. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 26,041. | 6,275. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 18,685,548. | 51,201,158. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,766,781. | 5,317,960. |
| | 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) | 3,279,474. | 3,991,397. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 1,729,174. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,902,688. | 3,399,784. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,948,943. | 12,709,141. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 3,736,605. | 38,492,017. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 12,548,545. | End of Year 51,719,352. |
| | 21 Total liabilities (Part X, line 26) | 221,923. | 927,533. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 12,326,622. | 50,791,819. |

Part II Signature Block

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

| | | | | |
|-------------------------------|--|--|---------------------------------|--|
| Sign Here | Signature of officer | | Date | |
| | ZOE MARSHALL, DIRECTOR OF FINANCE/SECRETARY Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name GLENN MILLER, CPA | Preparer's signature GLENN MILLER, CPA | Date 10/24/22 | Check if self-employed <input type="checkbox"/> PTIN P00086726 |
| | Firm's name WEGNER CPAS LLP | Firm's address 230 PARK AVE FL 3 NEW YORK, NY 10169-0005 | Firm's EIN 39-0974031 | Phone no. (212) 551-1724 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE IDENTIFY AND INVEST IN THE MOST EFFECTIVE FRONTLINE EFFORTS TO ERADICATE MODERN SLAVERY IN THE COUNTRIES AND SECTORS WHERE IT IS MOST PREVALENT. PARTNERING WITH VISIONARY INVESTORS, GOVERNMENTS, ANTI-SLAVERY ORGANIZATIONS AND THOSE AT RISK OF EXPLOITATION, 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,856,053. including grants of \$ 3,814,368.) (Revenue \$ 0.) HOTSPOTS PROJECTS: THE FREEDOM FUND HAS SELECTED KEY GEOGRAPHIC AREAS KNOWN TO HAVE A HIGH INCIDENCE OF MODERN SLAVERY, WHERE OUR INTERVENTIONS ARE MOST LIKELY TO RESULT IN A MEASUREABLE REDUCTION IN SLAVERY. IN OUR HOTSPOT PROJECTS, WE INVEST IN A RANGE OF COMMUNITY-BASED ORGANIZATIONS TO ENABLE THEM TO PROTECT THOSE AT RISK OF SLAVERY, RESCUE AND REHABILITATE THOSE ENSLAVED, AND PROSECUTE THOSE RESPONSIBLE. THESE HOTSPOT PROJECTS ENCOURAGE COOPERATION BETWEEN LOCAL GRASSROOTS ORGANIZATIONS AND ENSURE AN INTEGRATED, CROSS-DISCIPLINARY APPROACH.

4b (Code:) (Expenses \$ 1,677,567. including grants of \$ 1,089,074.) (Revenue \$ 0.) MOVEMENT BUILDING: ORGANIZATIONS AROUND THE WORLD ARE DOING EXCEPTIONAL WORK TO ERADICATE SLAVERY BUT, TOO OFTEN, THESE EFFORTS ARE FRAGMENTED AND UNDERFUNDED. WE AIM TO BUILD A GLOBAL COMMUNITY OF ACTIVISTS, EXPERTS AND DONORS BY PROVIDING THE PLATFORM, KNOWLEDGE, AND TOOLS FOR THEM TO CONNECT AND WORK TOGETHER MORE EFFECTIVELY OVER A SUSTAINED PERIOD. WE USE OUR GLOBAL LEADERSHIP ROLE, AND THE CREDIBILITY CONFERRED BY THE BACKING OF OUR FOUNDERS, TO BRING ACTORS TOGETHER AND ENCOURAGE GREATER COLLABORATION AND COORDINATION.

4c (Code:) (Expenses \$ 671,562. including grants of \$ 414,518.) (Revenue \$ 0.) GLOBAL INITIATIVES: OUR SECTOR INITIATIVES COORDINATE ACTORS AND RESOURCES AROUND A SLAVERY-SPECIFIC ISSUE, INCLUDING SECTORS, INDUSTRIES, OR CIRCUMSTANCES. THIS ALLOWS THE FREEDOM FUND TO TACKLE SYSTEMIC ISSUES LIKE SLAVERY IN FISHING OR CROSS-BORDER MIGRATION WITH NEW TECHNOLOGICAL TOOLS OR LEGAL INITIATIVES. IT FACILITATES A COLLABORATIVE APPROACH AND GREATER COMBINED IMPACT. THE FREEDOM FUND PROVIDES A CHANNEL THROUGH WHICH THOSE WITH FUNDS, KNOWLEDGE, OR INFLUENCE CAN IMPACT INTERNATIONAL ORGANIZATIONS, GOVERNMENTS, MEDIA AND THE CORPORATE SECTOR TO SPEED ACTION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 29,178. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 9,234,360.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | X | |
| | 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? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 - 20-3777-2200**
LIGHTERMAN HOUSE 30 WHARF DALE RD, LONDON UNITED KINGDOM N1 9RY

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NICHOLAS GRONO CEO | 40.00 | | | X | | | | 301,586. | 0. | 50,497. |
| (2) AMY RAHE MANAGING DIRECTOR OF NORTH AMERICA | 40.00 | | | | | X | | 148,622. | 0. | 20,216. |
| (3) DAN VEXLER MANAGING DIRECTOR OF PROGRAMS | 40.00 | | | | | X | | 125,246. | 0. | 12,728. |
| (4) MAGGIE GARDNER MANAGING DIRECTOR OF DEVELOPMENT AND | 40.00 | | | | | X | | 124,607. | 0. | 12,372. |
| (5) ZOE MARSHALL DIR. OF FINANCE/ SECRETARY | 40.00 | | | X | | | | 123,670. | 0. | 12,372. |
| (6) YUKI LO HEAD OF RESEARCH AND EVALUATION | 40.00 | | | | | X | | 102,866. | 0. | 10,283. |
| (7) ALAN MCCORMICK CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) FELICITY GOODING TREASURER | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (9) NATASHA DOLBY TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) MOLLY GOCHMAN TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) GRACE FORREST TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) PHILIPPE SION TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) MAHENDRA PANDEY TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 926,597. | 0. | 118,468. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 926,597. | 0. | 118,468. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 3,481,060. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 47,713,823. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 51,194,883. | | | |
| Program Service Revenue | 2 a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,275. | | 6,275. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | |
| | | | | (ii) Personal | | | |
| | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | |
| | | | | (ii) Other | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | | | | |
| d | Net gain or (loss) | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 51,201,158. | 0. | 0. | 6,275. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,225,236. | 1,225,236. | | |
| 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 | 4,092,724. | 4,092,724. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 488,125. | 158,437. | 152,042. | 177,646. |
| 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 | 2,805,855. | 1,196,026. | 646,000. | 963,829. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 254,080. | 103,967. | 73,870. | 76,243. |
| 9 Other employee benefits | 86,908. | 37,750. | 3,514. | 45,644. |
| 10 Payroll taxes | 356,429. | 142,364. | 93,336. | 120,729. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 1,917,892. | 1,844,466. | 11,450. | 61,976. |
| b Legal | 20,499. | 748. | 19,751. | |
| c Accounting | 44,889. | 8,136. | 36,753. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 194,603. | 30,827. | 163,776. | |
| 12 Advertising and promotion | 42,883. | 4,424. | | 38,459. |
| 13 Office expenses | 99,956. | 9,696. | 84,195. | 6,065. |
| 14 Information technology | 156,270. | 718. | 54,337. | 101,215. |
| 15 Royalties | | | | |
| 16 Occupancy | 245,939. | 1,774. | 244,165. | |
| 17 Travel | 172,479. | 122,054. | 6,166. | 44,259. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 104,128. | 7,782. | 32,209. | 64,137. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 63,602. | | 63,602. | |
| 23 Insurance | 47,706. | 10,403. | 37,303. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MEMBERSHIPS | 40,478. | 1,366. | 10,140. | 28,972. |
| b RELOCATION COST | 12,998. | | 12,998. | |
| c | | | | |
| d | | | | |
| e All other expenses | 235,462. | 235,462. | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,709,141. | 9,234,360. | 1,745,607. | 1,729,174. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 7,652,034. | 1 | 27,802,559. |
| | 2 Savings and temporary cash investments | 3,349,028. | 2 | 20,719,379. |
| | 3 Pledges and grants receivable, net | 1,250,533. | 3 | 2,997,520. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 16,244. | 9 | 127,836. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 102,781. | | |
| | b Less: accumulated depreciation | 10b 55,288. | 40,841. | 10c 47,493. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 239,865. | 15 | 24,565. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 12,548,545. | 16 | 51,719,352. | |
| Liabilities | 17 Accounts payable and accrued expenses | 221,923. | 17 | 814,609. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 112,924. |
| | 26 Total liabilities. Add lines 17 through 25 | 221,923. | 26 | 927,533. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,834,643. | 27 | 46,159,341. |
| | 28 Net assets with donor restrictions | 4,491,979. | 28 | 4,632,478. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 12,326,622. | 32 | 50,791,819. |
| | 33 Total liabilities and net assets/fund balances | 12,548,545. | 33 | 51,719,352. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 51,201,158. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,709,141. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 38,492,017. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 12,326,622. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -26,820. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 50,791,819. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE FREEDOM FUND Employer identification number 30-0805768

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15443842. | 13722548. | 16372920. | 18659507. | 51194884. | 115393701 |
| 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 | 15443842. | 13722548. | 16372920. | 18659507. | 51194884. | 115393701 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 12333354. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 103060347 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 15443842. | 13722548. | 16372920. | 18659507. | 51194884. | 115393701 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 5,809. | 27,102. | 25,504. | 26,041. | 6,275. | 90,731. |
| 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.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 115484432 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 89.24 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 81.71 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

THE FREEDOM FUND

Employer identification number

30-0805768

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

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 ▶ \$ _____

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).

| | |
|---|---|
| Name of organization THE FREEDOM FUND | Employer identification number 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 |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>2,334,044.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,519,093.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>1,473,493.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,100,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>2,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>1,901,778.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE FREEDOM FUND | Employer identification number 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>1,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | _____ _____ _____ | \$ <u>1,147,717.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | _____ _____ _____ | \$ <u>1,407,836.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | _____ _____ _____ | \$ <u>35,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ _____ _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ _____ _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE FREEDOM FUND | Employer identification number 30-0805768 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization THE FREEDOM FUND | Employer identification number 30-0805768 |
|---|---|

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental 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

2021

Open to Public Inspection

Name of the organization THE FREEDOM FUND **Employer identification number** 30-0805768

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 102,781. | 55,288. | 47,493. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 47,493.

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DUE TO THE FREEDOM FUND UNITED | |
| (3) KINGDOM | 112,924. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 112,924. |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

THE FREEDOM FUND

30-0805768

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 4 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 2,138,745. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 2 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 19,074. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 2 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 1,114,567. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 592,843. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 10,000. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 1 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 217,495. |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 9 | | | 4,092,724. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 9 | | | 4,092,724. |

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

Schedule F (Form 990) 2021

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) |
|-------------------------------|--|---|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,074. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 16,794. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 68,332. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 21,186. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 105,896. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 21,667. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 22,712. | WIRE TRANSFER | 0. | | |

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 **103**

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

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 62,536. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 15,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 11,479. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 45,193. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 30,502. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 20,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 113,041. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 8,784. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 22,751. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 17,302. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 36,779. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 109,058. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 36,480. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 38,358. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 50,551. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 63,804. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 23,466. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 61,822. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 11,791. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 38,623. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 18,429. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 146,700. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 202,083. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 39,301. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 8,488. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 32,726. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 59,084. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 83,992. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 135,892. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 7,179. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 15,308. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 47,521. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 8,018. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 48,507. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 7,161. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 46,380. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 47,214. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 6,594. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 49,397. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,993. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,035. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,974. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,860. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,761. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,859. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,034. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,722. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 72,652. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 450,763. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 26,000. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 41,059. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 14,903. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 21,146. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 16,206. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 82,627. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 79,021. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 65,525. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 63,801. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 28,395. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 38,233. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 35,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 14,225. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 18,720. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 60,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 30,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 100,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 43,398. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 55,264. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 60,000. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 55,398. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 33,574. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 12,187. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 66,077. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 14,000. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 20,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 16,879. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 14,896. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 15,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 90,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 10,500. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 19,631. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 31,209. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | DIRECT FUNDING OF COMMUNITY BASED ANTI SLAVERY INTEVENTIONS | 9,381. | WIRE TRANSFER | 0. | | |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

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 MONITOR 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE FREEDOM FUND** Employer identification number **30-0805768**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| CORPORATE ACCOUNTABILITY LAB 6214 N GLENWOOD AV CHICAGO, IL 60660 | 81-5123686 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| FREE THE SLAVES 1320 19TH ST NW #600 WASHINGTON, DC 20036 | 56-2189635 | 501(C)(3) | 140,000. | 0. | | | GENERAL SUPPORT |
| HUMAN TRAFFICKING LEGAL CENTER 1030 15TH ST NW #104B WASHINGTON, DC 20005 | 46-1349584 | 501(C)(3) | 220,000. | 0. | | | GENERAL SUPPORT |
| INTERNATIONAL RIGHTS ADVOCATES 621 MARYLAND AVE NE WASHINGTON, DC 20002 | 41-0449260 | 501(C)(3) | 26,990. | 0. | | | GENERAL SUPPORT |
| POLARIS PROJECT PO BOX 65323 WASHINGTON, DC 20035 | 03-0391561 | 501(C)(3) | 225,000. | 0. | | | GENERAL SUPPORT |
| POPULATION COUNCIL INC 1 PARK PLACE ATLANTA, GA 30303 | 13-1687001 | 501(C)(3) | 182,099. | 0. | | | GENERAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| (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 |
| SURVIVOR ALLIANCE 1173 SUTTER ST BERKELEY, CA 94707 | 82-4425458 | 501(C)(3) | 125,000. | 0. | | | GENERAL SUPPORT |
| TRANSPARENTTEM 310 ATLANTIC AVE THIRD FL BROOKLYN, NY 11201 | 47-5175472 | 501(C)(3) | 250,000. | 0. | | | GENERAL SUPPORT |
| GOOD WEAVE INTERNATIONAL 1111 14TH STREET, NW SUITE 820 WASHINGTON, DC 20036 | 52-2042014 | 501(C)(3) | 6,147. | 0. | | | GENERAL SUPPORT |
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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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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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:

ALL GRANTS ARE AWARDED ON THE BASIS OF 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE FREEDOM FUND** Employer identification number **30-0805768**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) NICHOLAS GRONO CEO | (i) | 249,747. | 51,839. | 0. | 45,043. | 5,454. | 352,083. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) AMY RAHE MANAGING DIRECTOR OF NORTH AMERICA | (i) | 148,622. | 0. | 0. | 7,518. | 12,698. | 168,838. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (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.

PART I, LINE 7:

NICK GRONO RECEIVED BONUS COMPENSATION OF \$51,839 DURING THE YEAR.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE FREEDOM FUND

Employer identification number

30-0805768

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEMONSTRATING HOW EFFECTIVE INTERVENTIONS CAN PROTECT THOSE AT RISK OF
BEING ENSLAVED AND FREE THOSE IN SLAVERY. WE INVEST IN THOSE COUNTRIES
AND SECTORS WITH THE GREATEST INCIDENCE OF SLAVERY. WE ANALYZE WHICH
INTERVENTIONS WORK BEST, AND WE SHARE THAT KNOWLEDGE. WE BRING
TOGETHER A COMMUNITY OF ACTIVISTS COMMITTED TO ENDING SLAVERY AND
EMPOWERED BY THE KNOWLEDGE OF HOW BEST TO DO SO.

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 \$ 29,178. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION HAS FOUNDING MEMBERS.

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

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

Schedule O (Form 990) 2021

| | |
|--|--|
| Name of the organization THE FREEDOM FUND | Employer identification number 30-0805768 |
|--|--|

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.

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

THE PREPARED FORM 990 WAS REVIEWED BY THE MANAGING DIRECTOR/ 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:

| | |
|--|--|
| Name of the organization THE FREEDOM FUND | Employer identification number 30-0805768 |
|--|--|

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. IF THE 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 INDEPENDENT PERSONS AND THE USE OF COMPARABLE DATA.

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

Name of the organization

THE FREEDOM FUND

Employer identification number

30-0805768

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

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

FOREIGN EXCHANGE RATE LOSS -26,820.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE FREEDOM FUND

Employer identification number

30-0805768

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| THE FREEDOM FUND UK LIGHTERMAN HOUSE 26-36 WHARF DALE ROAD LONDON, UNITED KINGDOM N1 9RY | ANTI-SLAVERY SERVICES | UNITED KINGDOM | 501(C)(3) | | THE FREEDOM FUND | X | |
| THE FREEDOM FUND ETHIOPIA 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 | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 country) | (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? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) THE FREEDOM FUND UK | O | 3,239,818. | ACTUAL COST |
| (2) THE FREEDOM FUND UK | N | 366,983. | ACTUAL COST |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.