# **Schedule A**

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
BRINKER CAPITAL	200,000.	95,022.
JKG INC	548,890.	443,912.
WELFARE FOUNDATION	200,000.	95,022.
THOMAS CARAMANICO	125,000.	20,022.
DAVID SINGLETON	120,100.	15,122.
SONECHA FAMILY FOUNDATION	400,000.	295,022.
WIDGER FAMILY FOUNDATION	300,000.	195,022.
LONGWOOD FOUNDATION	1,375,000.	1,270,022.
Total Excess Contributions to Schedule A, Part II, Line 5		2,429,166.

# Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning  $\underline{JUL} \ 1$  , 2023, and ending  $\underline{JUN} \ 30$ 

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN

OMB No. 1545-0047

FREIRE FOUNDATI	ON		27-2568814
Name and title of officer or person subject to tax	JOAN GOLDSTEIN		
	PRESIDENT		
Part I Type of Return and Re	eturn Information		
Check the box for the return for which you a Form 5330 filers may enter dollars and cents or <b>10a</b> below, and the amount on that line fowhichever is applicable, blank (do not enter than one line in Part I.	s. For all other forms, enter whole r the return being filed with this	e dollars only. If you check the box on I form was blank, then leave line <b>1b</b> , <b>2b</b> ,	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here X		m 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here	<b>b Total revenue,</b> if any (For	m 990-EZ, line 9)	2b
3a Form 1120-POL check here	<b>b Total tax</b> (Form 1120-POI	_, line 22)	
4a Form 990-PF check here	b Tax based on investmen	t income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<b>b Balance due</b> (Form 8868,	line 3c)	5b
6a Form 990-T check here	<b>b Total tax</b> (Form 990-T, Pa	rt III, line 4)	6b
7a Form 4720 check here	b Total tax (Form 4720, Par	t III, line 1)	7b
8a Form 5227 check here	b FMV of assets at end of	tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<b>b Tax due</b> (Form 5330, Part	II, line 19)	9b
10a Form 8038-CP check here		nt requested (Form 8038-CP, Part III, li	
		ficer or Person Subject to Ta	
Under penalties of perjury, I declare that $oxedsymbol{oxed}{f X}$			
of entity)		, (EIN) and	
of any refund. If applicable, I authorize the Uentry to the financial institution account indifinancial institution account indifinancial institution to debit the entry to this later than 2 business days prior to the paym payment of taxes to receive confidential infopersonal identification number (PIN) as my septime.	cated in the tax preparation soft account. To revoke a payment, ent (settlement) date. I also auth rmation necessary to answer in- ignature for the electronic return	ware for payment of the federal taxes of must contact the U.S. Treasury Finan orize the financial institutions involved quiries and resolve issues related to the	owed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a tronic funds withdrawal.
X Lauthorize MAILLIE LLP		to	enter my PIN 10620
	charities as part of the IRS Fed	have indicated within this return that a /State program, I also authorize the afo	
	is return that a copy of the retur	vill enter my PIN as my signature on the n is being filed with a state agency(ies) ure consent screen.	
Signature of officer or person subject to tax			Date
Part III Certification and Auth	entication		
ERO's EFIN/PIN. Enter your six-digit electro	•	F1200400016	_
number (EFIN) followed by your five-digit self	selected PIN.	51388402016  Do not enter all zeros	
I certify that the above numeric entry is my F submitting this return in accordance with the Business Returns.	, , ,	•	
ERO's signature		Date	
	ERO Must Retain This F	orm - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

### EXTENSION GRANTED TO 5/15/2025

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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

JUL 1. 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FREIRE FOUNDATION Name change 27-2568814 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 267-583-4458 1617 JFK BOULEVARD 580 termin-ated 1,196,124. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PHILADELPHIA, PA 19103 H(a) Is this a group return Applica-F Name and address of principal officer: JOAN GOLDSTEIN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) If "No," attach a list. See instructions 4947(a)(1) or 527 」501(c) ( (insert no.) J Website: N/AH(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2009 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION HOLDS REAL Activities & Governance ESTATE FOR FREIRE CHARTER SCHOOL AND PROVIDES SUPPORT TO CHARTER oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 2,400,430. 942,849. Revenue 252,000. 252,000. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 934. 1,275. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,653,364. 1,196,124. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 1,924,278. 554,972. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 9,891. 20,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 320,989 338,828. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,255,158. 913,800. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 398,206. 282,324. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 4,212,188. 4,431,919. Total assets (Part X, line 16) 2,334,745. 2,397,878. Total liabilities (Part X, line 26) 21 1,814,310. 2,097,174. Net assets or fund balances. Subtract line 21 from line 20. 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. Signature of officer Date Sign JOAN GOLDSTEIN, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature P00223628 Paid DALE R UMBENHAUER CPA Firm's EIN 23-1518888 MAILLIE LLP Preparer Firm's name Firm's address PO BOX 11847 Use Only Phone no. (302) 324-0780WILMINGTON, DE 19850-1847

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

X Yes

Form	1990 (2023) FREIRE FOUNDATION	27-2568814	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. $\square$
1	Briefly describe the organization's mission: THE ORGANIZATION HOLDS REAL ESTATE FOR FREIRE CHARTER S	CHOOL AND	
	PROVIDES SUPPORT TO CHARTER SCHOOLS THAT USE THE FREIRE	ACADEMIC	
	MODEL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes [	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 655,543 • including grants of \$ 554,972 • ) (Revenue, if any, for each program service reported.	252.0	100 .
4a	(Code: ) (Expenses \$ 655,543. including grants of \$ 554,972.) (Revertible FREIRE FOUNDATION ADVANCES THE MISSION OF THE FREIRE NE	nue\$ באר באר אסריאיחיי אחיי אס אסריאיחיי	TNC
	FUNDS TO SUPPORT VALUABLE PROGRAMMING IN EMOTIONAL SUPP		
	AND TECH-INTEGRATED LEARNING, COLLEGE AND CAREER PLANNI		
	SCHOOL ACTIVITIES, LEADERSHIP AND STAFF DEVELOPMENT (IN		1111
	EXTENSIVE DEI TRAINING), ETC. THESE RESOURCES HELP THE		ıS
	TO BEST SERVICE ALL STUDENTS WITH A RIGOROUS EDUCATION		
	CREATIVE, AND SUPPORTIVE ENVIRONMENT.		
	<u> </u>		
4b	(Code:) (Expenses \$	nue\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 655,543.	, , , , , , , , , , , , , , , , , , ,	
		Form <b>99</b>	0 (2023)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
.0	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
^	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ \ <sub>\\\\</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del>  ^</del>
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			$\top$
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		┝
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>  ^</del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		<del></del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			T
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt 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		 I	<u> </u>
	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	(gambling) winnings to prize winners?	1c		
	(34.1.4.1.19) to prize willion.	110		—

### 923) FREIRE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $N/A$	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

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			
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	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			
	FREIRE SCHOOLS COLLABORATIVE - 267-583-4458	^ ^		
	JOAN GOLDSTEIN 1617 JFK BLVD, SUITE 1260, PHILADELPHIA, PA 191	UЗ		

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

		l				прсі	IJUL	ed any current officer, of		<b>(C</b> )
(A)	(B)			(C Pos	زر) ition	1		(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box,	, unle cer ar	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation	compensation from related	amount of other
	(list any	.o.						from the	organizations	compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	educ		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	La la	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KRISTIN DAVIDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(2) JOAN GOLDSTEIN	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) JOANNA JENKINS	1.00									
DIRECTOR		X						0.	0.	0.
(4) ANTHONY NACCARATO	1.00				1	ľ			_	_
VICE PRESIDENT		X		Х				0.	0.	0.
(5) EDWARD OPALL	1.00			7				_	_	_
TREASURER		X		Х				0.	0.	0.
(6) HAL REAL	1.00									
DIRECTOR		X						0.	0.	0.
(7) BLAKE ZUCKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
	1				i	1	ı	ı		

Pai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck			one	Reportable Reportable			Est	timate	d
		hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		week (list any	$\vdash$	T				,	from the	from related organizations			other oensat	tion
		hours for	directo				_		organization	(W-2/1099-MISC	.,		oensai	
		related	9e or (	stee			ısate		(W-2/1099-MISC/	1099-NEC)	′		anizati	
		organizations	trust	al tru		yee	educ		1099-NEC)	,		•	l relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer				orga	nizatio	วทร
		line)	Indj	Insti	Officer	Key	High	Former						
			-											
											+			
			L								$\dashv$			
			1											
											_			
			<del> </del>								+			
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			-					<						
			┢				K				+			
			L								$\dashv$			
			-											
1b	Subtotal	1	_			$\neg$			0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r								eceived more than \$100	0,000 of reportable				
	compensation from the organization		4		2									0
				M							_		Yes	No
3	Did the organization list any <b>former</b> officer,			•	•	•		_		•				v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4		Х
5	Did any person listed on line 1a receive or			•						idual for services		4		
3	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	,proto comedan	<u> </u>	0. 0.		<i>p</i> 0. c						<u> </u>		
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	tion fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	address	N(	INC	Ξ				(B) Description of s	services	Cc	( <b>C</b> ) mpen	) nsatior	า
	Total acceptant of index or death and the second	in all ratio - t t			نقلم	Ale ·	"		ا د د د د د د د د د د د د د د د د د د د	a qua tib a u				
2	Total number of independent contractors ( \$100,000 of compensation from the organi		IOT III	mte	u to		se II: 0	stec	above) who received n	iore than				
	· · · · · · · · · · · · · · · · · · ·									•	F	orm §	990 (2	2023)

Form 990 (2023) FREIRE :
Part VIII | Statement of Revenue

		Check if Schedule O contains a response o	or note to any lir	ne in this Part VIII			
		Officer if Octredule O Contains a response of	i flote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	from tax under
<u> </u>							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
Sra or	ŀ	b Membership dues1b					
s, (	(	c Fundraising events1c					
a it	(	d Related organizations					
s, (		e Government grants (contributions) 1e					
ös		f All other contributions, gifts, grants, and					
he la			942,849.				
들턴		g Noncash contributions included in lines 1a-1f	,				
کی		h Total. Add lines 1a-1f		942,849.			
===			Business Code	312,013			
	•	DENIMAT TNOONE	531120	252,000.	252,000.		
၂၀	2 8	. —————————————————————————————————————	331120	232,000.	232,000.		
ne ge	t	b					
n S	(	c					
Re	(	d					
Program Service Revenue	•	e					
۵ ا	f	f All other program service revenue					
	9	g Total. Add lines 2a-2f		252,000.			
	3	Investment income (including dividends, interes					
		other similar amounts)		1,275.			1,275.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)		<b>V</b>			
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>	(ii) Guiloi				
		·   -					
o l		b Less: cost or other basis					
교		and sales expenses 7b					
Revenue	•	c Gain or (loss) 7c					
		d Net gain or (loss)					
ther	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	ŀ	b Less: direct expenses8b					
	(	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	b Less: direct expenses 9b					
		- Net because of the Alexander and the third					
		a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
_		` ' '	Business Code				
Sn		<del> </del>	Dusiness Code				
nec	11 6						
le la		b					
Miscellaneous Revenue		C					
Ξ̈́		d All other revenue					
		e Total. Add lines 11a-11d		1 106 104	252 222		1 000
	12	Total revenue. See instructions		1,196,124.	252,000.	0.	1,275.

332009 12-21-23

	rt IX   Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	554,972.	554,972.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	18,981.		18,981.	
b	Legal Accounting	10,901.		10,901.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20,000.			20,000.
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.)	5,433.			5,433.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	*			
19	Conferences, conventions, and meetings	140 040		140 040	
20	Interest	149,840.		149,840.	
21	Payments to affiliates	100,571.	100,571.		
22	Depreciation, depletion, and amortization	100,371.	100,371.		
23	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSES	63,201.			63,201.
b	SUBSCRIPTIONS	765.			765.
С	OTHER EXPENSES	37.		37.	
d					
е	All other expenses	012 000	<i>C</i> E E 12	160 050	00 200
25	Total functional expenses. Add lines 1 through 24e	913,800.	655,543.	168,858.	89,399.
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 if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			638,210.	1	900,755.
	2	Savings and temporary cash investments			940,770.	2	942,271.
	3	Pledges and grants receivable, net			36,820.	3	50,000.
	4	Accounts receivable, net				4	1,200.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			17,728.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,781,770.			
	b	Less: accumulated depreciation	10b	1,301,080	2,578,660.	10c	2,480,690.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12	5,810.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	-1 100		
	15	Other assets. See Part IV, line 11			0.	15	51,193.
	16	Total assets. Add lines 1 through 15 (must equ			4,212,188.	16	4,431,919.
	17	Accounts payable and accrued expenses		4,840.	17	2,000.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs					
<u> ia</u>		controlled entity or family member of any of the			2 202 020	22	2 222 745
	23	Secured mortgages and notes payable to unrela			2,393,038.	23	2,332,745.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
	00	of Schedule D			2,397,878.	25	2,334,745.
	26	Total liabilities. Add lines 17 through 25			2,331,010.	26	2,334,743.
es		Organizations that follow FASB ASC 958, che	ck ner	e 121			
JE C	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			1,354,802.	27	1 593 017
3al	27 28	Net assets with donor restrictions			459,508.	28	1,593,017. 504,157.
Pd.	20	Organizations that do not follow FASB ASC 9			433,300.	20	301,137.
Ξ		and complete lines 29 through 33.	36, CH	eck liefe			
ō	20	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed			30		
Ass	31	Retained earnings, endowment, accumulated in				31	
et,	32	Total net assets or fund balances			1,814,310.	32	2,097,174.
Z	33	Total liabilities and net assets/fund balances			4,212,188.	33	4,431,919.
	JJJ	TOTAL HADINITES AND THE ASSETS/TUND DAIAFICES			1,212,100	33	Enra 990 (2022)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ш
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  5	1,19 91	6,1 3,8 2,3 4,3	00. 24.
6 7	Donated services and use of facilities 6 Investment expenses 7			
8 9 10	Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	2 00	7 1	0.
Dai	column (B)) 10   rt XII Financial Statements and Reporting	2,09	/,1	/4.
га	Check if Schedule O contains a response or note to any line in this Part XII			
	Officer if ochequie of contains a response of note to any line in this fact Air		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
22	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	. Za		
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			37
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c		<u>X</u>
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Х
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	. 3b		

### **SCHEDULE A**

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

**Employer identification number** 27-2568814

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

The	organ	ization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).	
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990).)			
3	Щ	A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descri	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmental	unit or from the genera	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of the collec	ge or
		university:						
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Ш	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	* *			•		
а								
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o						
b	)							
		control or management of			same perso	ons that co	ontrol or manage the su	oported
		organization(s). You mus						1 11
C	: L	☐ Type III functionally inte						ed with,
		its supported organizatio						:t:(-)
C		☐ Type III non-functionally		,				
		that is not functionally int						liveriess
		requirement (see instruct Check this box if the organic						
€	;	functionally integrated, o					a Type I, Type II, Type III	
	Enta	er the number of supported						
,		vide the following information		ed organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions)				
Tota	al							1

332021 12-21-23

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	674,311.	582,013.	646,595.	2,400,430.	942,849.	5,246,198.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge					,	
4	Total. Add lines 1 through 3	674,311.	582,013.	646,595.	2,400,430.	942,849.	5,246,198.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,429,166.
6	Public support. Subtract line 5 from line 4.						2,817,032.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019 674,311.	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	674,311.	582,013.	646,595.	2,400,430.	942,849.	5,246,198.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18.	165.	304.	935.	1,275.	2,697.
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	<b>Total support.</b> Add lines 7 through 10						5,248,895.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,260,000.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ						
14	Public support percentage for 2023 (I					14	53.67 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	52.42 %
16a	33 1/3% support test - 2023. If the o	J		*		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	-					
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	rganization		Ш
b	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2023

### 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.)

Se	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					Ì	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ľ	
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	1			1	1	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						L
	ction C. Computation of Publ					1 1	
	Public support percentage for 2023 (					15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2022. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
7()	Private folingation if the organization	ALL CHO DOT CDOCK 3	$nnv \cap n = 1/1 \cdot 10$	ia or iun chackt	INC DAY AND CAA IN	etri letione	1 1

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
٥Ŀ		
9b		
9с		
10a		
 10b		2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	шен этт турс шенретинд етдиншине		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	QL.		
2	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
1-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	·	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsiv	е	
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
ī	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Part VI	<b>Supplemental Information.</b> 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.)
	▼

### Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

# Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Name of the organization

FREIRE FOUNDATION

**Employer identification number** 

27-2568814

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

# FREIRE FOUNDATION

27-2568814

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JKG FLORIDA BUSINESS CORPORATION  401 CITY AVE, SUITE 220  BALA CYNWYD, PA 19004	\$ <u>110,778.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARTIN FOUNDATION PO BOX 749	\$ 30,000.	Person X Payroll Noncash
	DOYLESTOWN, PA 18901		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SONECHA FAMILY FOUNDATION  220 CONTINENTAL DR  NEWARD, DE 19713	\$ <u>200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WIDGER FAMILY FOUNDATION  1205 WESTLAKES DR  BERWYN, PA 19312	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WSFS CARES FOUNDATION  500 DELAWARE AVE  WILMINGTON, DE 19801	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SHEELA DATTANI		Person X Payroll
	201 WEST 14TH STREET WILMINGTON, DE 19801	\$ 30,000.	Noncash  (Complete Part II for noncash contributions.)
323452 12-2		l	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

### FREIRE FOUNDATION

27-2568814

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MIDDLE RUN FOUNDATION  5803 KENNETT PIKE A  WILMINGTON, DE 19807	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE AMANDA ROSE LAURA FOUNDATION  27 BALDWIN DR  BERKELEY HEIGHTS, NJ 07922	\$ 30,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

# FREIRE FOUNDATION

27-2568814

Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	·
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b)  (c)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (d)  Description of noncash property given  (e)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (d)  FMV (or estimate)  (See instructions.)  (e)  FMV (or estimate)  (See instructions.)  (f)  FMV (or estimate)  (See instructions.)  (h)  Description of noncash property given  (c)  FMV (or estimate)  (See instructions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number 27-2568814 FREIRE FOUNDATION 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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### **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 Open to Public Inspection

Name of the organization

FREIRE FOUNDATION

Employer identification number 27-2568814

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ds or Accounts.Complete if the
	organization answered Tes Officiality, iii	(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 adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se conferring
_			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		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 quality of the toxy year	fied conservation contribution in the for	m of a conservation easement on the last  Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements		<b>A</b> 1
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic str	unture included on line 2s	
4	Number of conservation easements included on line 2c acqu		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ū	year	isassa, sxiingaisinsa, si terminatea 27 t	are organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pel		– of
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Similar Assets.
12	If the organization elected, as permitted under FASB ASC 95		t and halance sheet works
ia	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	·	•
b	If the organization elected, as permitted under FASB ASC 95		
_	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

332051 09-28-23

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

Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply).  a Public exhibition  b Scholarly research  c Preservation for future generations  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, dot 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?	Pai	rt III Organizations Maintaining C	collections of A	rt, Historica	al Treasures,	or Other	Similar As	sets(continued)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization as collection? Ves No Part IV   Excrow 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 riot included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount 1c	3	Using the organization's acquisition, accessi	on, and other record	ls, check any o	of the following the	at make sigr	ificant use of	its
b Scholarly research e Other  Preservation for future generations  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 assests to be sold to raise funds rather than to be maintained as part of the organization ascellation?  Ves No  Part W 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 rist included on Form 990, Part X Z.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c Amount  1d I I I I I I I I I I I I I I I I I I I		collection items (check all that apply).						
b Scholarly research ce	а	Public exhibition	d	Loan o	r exchange progr	am		
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 assests to be sold to raise funds rather than to be maintained as part of the organization's collection?  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, Line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1c   Amount   1c	b	Scholarly research	е					
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?  Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.  Is the organization an aspert, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X   yes   No b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year   1d	С	Preservation for future generations		•				
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?  Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.  Is the organization an aspert, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X   yes   No b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year   1d	4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organizat	ion's exemp	t purpose in F	Part XIII.
Part V   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?	5							
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?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1e		to be sold to raise funds rather than to be ma	aintained as part of t	he organizatio	n's collection?			Yes No
Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	Pai	rt IV Escrow and Custodial Arran	gements Comple	te if the organi	zation answered '	"Yes" on For	m 990, Part I	V, line 9, or
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Circle and additions during the year f Ending balance 2 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 in 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  96 b Permanent endowment  96 c Term endowment  97 c Term endowment  98 c Term endowment Indo not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations 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) basis (other)  1 Land basis (other)  1 Land basis (investment) basis (other)  1 Land basis (other)		reported an amount on Form 990, Pa	rt X, line 21.					
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for contri	butions or other a	assets not in	cluded	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990, Part X?				,,,		Yes No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			,	
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the Organization answered "Yes" on F								Amount
e Distributions during the year  f Ending balance 2 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 in 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 or Ontributions  In Beginning of year balance    Contributions   C	С	Beginning balance					1c	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability?    Ves	d						1d	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Calcument year   Calcument   Calcume	е	Distributions during the year					1e	
Bill FYes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	f							
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   (d) Three years back		-					?	Yes         No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back								L
1a Beginning of year balance	Pai	rt v Endowment Funds Complete if					Thusa wasus ha	ale ( ) Farm reason bank
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 y6 b Permanent endowment y6 c Term endowment 19 f 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(ii)       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.  Describtion of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 3 , 781,770 1 1,301,080 2,480,690 d d Equipment c Equipment e Other.			(a) Current year	(b) Prior ye	ar (c) Two yea	irs back (a)	Tillee years ba	CK (e) Four years back
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 f 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 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 depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Equipment e Other	1a							
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 f C Term endowment g G 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Other	b							
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 f 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(ii)   3a(ii)   5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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)  Buildings C Leasehold improvements C Leasehold improvements G Equipment E Other	С							
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	d							
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	е	•						
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								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f							
a Board designated or quasi-endowment	g							
b Permanent endowment	2			e (line 1g, colu	ımn (a)) held as:			
c Term endowment	а			_%				
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:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 Buildings  c Leasehold improvements  4 Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  3,781,770 1,301,080 2,480,690 description of Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	b		_					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In a sa(ii) Related organizations.  (iv) In a sa(ii) Related organizations.  (iv) In a sa(iii) Related organizations.  (iv) In a sa(iii) R	С							
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In each organization as (iv), are the related organizations listed as required on Schedule R?  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 depreciation  1a Land  b Buildings  c Leasehold improvements  3,781,770 1,301,080 2,480,690 dependent  Equipment  e Other	_	-						
(i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ivi) Ascitute 19. (ivi) Cost or other passis (investment) (vi) Cost or other passis (other) (vi) Related 19. (ivi) Related organizations? (ivi) Related organizations. (ivi) Related organizati	за		ession of the organiza	ation that are i	neid and administ	ered for the		Voc. No.
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  3,781,770 1,301,080 2,480,690 description  d Equipment  e Other								<del>-                                    </del>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 Buildings  c Leasehold improvements  d Equipment  e Other								
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  3,781,770. 1,301,080. 2,480,690.  d Equipment  e Other								
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	D		•		ile K?			30
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 (other)  basis (other)  basis (other)  c Leasehold improvements  d Equipment  e Other	Par			ownient iunas.				
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	ı aı			) Part IV line	11a See Form 99	0 Part X lin	e 10	
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other						· · · · · · · · · · · · · · · · · · ·		(d) Book value
1a Land         b Buildings         c Leasehold improvements       3,781,770 • 1,301,080 • 2,480,690 •         d Equipment         e Other		Description of property	1 ' '	' '			II.	(u) book value
b Buildings         3,781,770 • 1,301,080 • 2,480,690 •           c Leasehold improvements         3,781,770 • 1,301,080 • 2,480,690 •           d Equipment         6 Other	19	Land	<del>-   ` ` </del>	,		33510		
c Leasehold improvements       3,781,770.       1,301,080.       2,480,690.         d Equipment       e Other								
d Equipment				3	.781.770.	1.30	1,080	2,480,690,
e Other				<del>-                                     </del>	, : - <del>- ,</del>	_,,,,	,,,,,,,,	=,=00,000
				X. line 10c. co	olumn (B))	I		2,480,690.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FREIRE FOUN	DATION	27	-2568814 Page
Part VII Investments - Other Securities			. aga
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	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	·		
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col	l. (B))		
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	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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... X

Schedule D (Form 990) 2023

(6) (7) (8)

4c

913,800.

Sche	edule D (Form 990) 2023 FREIRE FOUNDATION			27-	2568814 Page 4
Paı	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,652,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	540.		
	Donated services and use of facilities	2b	456,222.		
С					
d					
е	Add lines 2a through 2d			2e	456,762
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,196,124
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,196,124
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,370,022
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	456,222.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	456,222
3	Subtract line 2e from line 1			3	913,800
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7 .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

#### Part XIII Supplemental Information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

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.

### PART X, LINE 2:

THE FOUNDATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX BENEFITS IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION.

AS OF JUNE 30, 2024, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FOUNDATION HAD NO INTEREST OR PENALTIES RELATED TO ADDITIONALLY,

Schedule D (Form 990) 2023

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### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number FREIRE FOUNDATION 27-2568814 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) TRIAD STRATEGIES - 300 N. 2ND Yes No STREET SUITE 1200 PUBLIC AFFAIRS SERVICES Х 0 20,000 -20,000. 20,000 -20000Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

			FOUNDATION			2568814 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
en			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts				
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
		Noncash prizes				
enses		Rent/facility costs				
Direct Expenses		Food and beverages				
څ		Entortoinment				
	9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	Net income summary. Subtract line 10 from lin				
Pa	ırt I	<b>III Gaming.</b> Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
sesued		Cash prizes	(a) Bingo		(c) Other gaming	
	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	
Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo Yes% No	bingo/progressive bingo	(c) Other gaming  Yes% No	
Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	bingo/progressive bingo  Yes%	Yes %	
Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No 5 in column (d)	bingo/progressive bingo  Yes%  No	Yes %	
Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes % No 5 in column (d) from line 1, column (d)	bingo/progressive bingo  Yes%  No	Yes %	
b C Direct Expenses	3 4 5 6 7 8 Entries	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming act	Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:	bingo/progressive bingo  Yes%  No	Yes%	col. (a) through col. (c))
b C Direct Expenses	3 4 5 6 7 8 Entries	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:	bingo/progressive bingo  Yes%  No	Yes%	col. (a) through col. (c))

Schedule G (Form 990) 2023 332082 09-13-23

Sch	nedule G (Form 990) 2023	FREIRE	FOUNDATION	27-2568814 Page 3
		aming activities	vith nonmembers?	Yes No
12	Is the organization a grantor, ben	eficiary or truste	e of a trust, or a member of a partnership or other enti	ty formed
13	Indicate the percentage of gamin			
				13a   %
14	Enter the name and address of the	ne person who p	repares the organization's gaming/special events book	s and records:
	Name			
	Address			
45.				evenue? Yes No
158	Does the organization have a cor	itract with a thir	party from whom the organization receives gaming re	venue? tes No
ı	If "Yes," enter the amount of gam			and the amount
	of gaming revenue retained by th			
(	lf "Yes," enter name and address	of the third par	y:	
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	daming manager compensation			
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		r state law to m	ke charitable distributions from the gaming proceeds	to
	retain the state gaming license?			Yes No
ı			state law to be distributed to other exempt organization	ns or spent in the
D	organization's own exempt activit		x year \$ de the explanations required by Part I, line 2b, column	o (iii) and (ii) and Dort III lines 0. Oh 10h
1 6			provide any additional information. See instructions.	s (iii) and (v), and Fart III, lines 9, 90, 100,
90			, LIST OF TEN HIGHEST PAID	FIINDRAT CERC.
50	HEDOLE G, TAKT I,	DINE ZI	, HIST OF TEN HIGHEST TAID	TONDICATOEND:
<u>(I</u>	) NAME OF FUNDRAI	SER: TRI	AD STRATEGIES	
(1	) ADDRESS OF FUND	RAISER:		
			0 HARRICRIDG DA 17101	
30	0 N. 2ND STREET S	OTIE IZ	0, HARRISBURG, PA 17101	

### SCHEDULE I (Form 990)

### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FREIRE FC	UNDATION						Employer identification number 27-2568814
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi     Describe in Part IV the organization's process.	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			Yes X No
Part II Grants and Other Assistance to recipient that received more than	_				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</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
TECH FREIRE CHARTER SCHOOL 2221 NORTH BROAD STREET PHILADELPHIA, PA 19132	47-3965219	501(C)3	54,018.	0.			TO SUPPORT THE OPERATIONS OF THE SCHOOL (UNRESTRICTED ASSISTANCE) AND AFTER SCHOOL
FREIRE CHARTER SCHOOL 2027 CHESTNUT ST PHILADELPHIA, PA 19103	27-2568814	501(C)3	100,000.	0.			TO SUPPORT THE OPERATIONS OF THE SCHOOL (UNRESTRICTED ASSISTANCE) AND AFTER SCHOOL
FREIRE CHARTER SCHOOL WILMINGTON 300 W 9TH STREET WILMINGTON, DE 19801	46-5680913	15	267,287.	0.			GENERAL SUPPORT
FREIRE COLLABORATIVE 1617 JFK BOULEVARD PHILADELPHIA, PA 19103	47-3936999	501(C)3	133,667.	0.			GENERAL SUPPORT

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

27-2568814 FREIRE FOUNDATION Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 FREIRE FOUNDAT	ION				27-2568814	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	ı (b); and any other a	dditional information.		
PART II, LINE 1, COLUMN (H):						_
NAME OF ORGANIZATION OR GOVERNMEN	T: TECH F	REIRE CHAR	TER SCHOOL	ı		
(H) PURPOSE OF GRANT OR ASSISTANC	E: TO SUP	PORT THE C	PERATIONS	OF THE		
SCHOOL (UNRESTRICTED ASSISTANCE)	AND AFTER	SCHOOL PR	OGRAMMING.			
NAME OF ORGANIZATION OR GOVERNMEN	T: FREIRE	CHARTER S	CHOOL			
(H) PURPOSE OF GRANT OR ASSISTANC	E: TO SUP	PORT THE C	PERATIONS	OF THE		
SCHOOL (UNRESTRICTED ASSISTANCE)	AND AFTER	SCHOOL PR	OGRAMMING.			

### **SCHEDULE 0** (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 Inspection

Name of the organization

FREIRE FOUNDATION

Employer identification number 27-2568814

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOLS THAT USE THE FREIRE EDUCATION MODEL
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE COMPLETED 990 IS CIRCULATED TO THE BOARD OF DIRECTORS FOR
THEIR REVIEW. THE 990 IS THEN VOTED ON AT THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST

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

Schedule O (Form 990) 2023