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

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

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

<u>A</u> I	or the	e 2022 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization			D Employer identifi	cation number			
	Addre	FREEDOMWORKS FOUNDATION,	INC.						
	Name chang	Doing business as			52-15269	16			
	Initial return Final return	Number and street (or P.O. box if mail is not deliver 111 K ST., NE, 6TH FLOOR	ed to street address)	Room/suite	E Telephone number 202-783-3870				
	termin ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	7,193,351.			
	Ameno	WASHINGTON, DC 20002			H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer. ADAM	BRANDON		for subordinates	—			
		SAME AS C ABOVE			H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) (or 527	1	list. See instructions			
	Nebsit			I Vaan	H(c) Group exemption	on number M State of legal domicile: DC			
	art I	Summary			•				
Ф	1	Briefly describe the organization's mission or most sign				CITIZENS			
Governance		WHO STAND IN DEFENSE OF LIB							
ern	2	Check this box if the organization discontinu		sed of more	ı	sets.			
Š	3	Number of voting members of the governing body (Par			<u>3</u>	8			
	1 -	Number of independent voting members of the govern				56			
ies		Total number of individuals employed in calendar year				2500000			
Activities &		Total number of volunteers (estimate if necessary)				250000			
Ac		Total unrelated business revenue from Part VIII, colum Net unrelated business taxable income from Form 990				0.			
_	B	Net unrelated business taxable income from Form 990	-1, Fart i, iiile 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			7,479,830.	7,139,619.			
Jue	9	. (5 .) (11 .)			0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and			43,674.	46,727.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			4,250.	0.			
	1	Total revenue - add lines 8 through 11 (must equal Par			7,527,754.	7,186,346.			
		Grants and similar amounts paid (Part IX, column (A), I			200,181.	33,656.			
	1	Benefits paid to or for members (Part IX, column (A), lir			0.	0.			
s	45	Salaries, other compensation, employee benefits (Part			3,354,602.	3,698,869.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		44,517.	44,187.			
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25	1000	03.					
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11i	-24e)		5,005,682.	4,647,131.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)		8,604,982.	8,423,843.			
	19	Revenue less expenses. Subtract line 18 from line 12			-1,077,228.	-1,237,497.			
Net Assets or				Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)			3,288,674.	1,663,129.			
et A	21	Total liabilities (Part X, line 26)			688,385.	343,541.			
	22 art II	Net assets or fund balances. Subtract line 21 from line Signature Block	20		2,600,289.	1,319,588.			
		Ities of perjury, I declare that I have examined this return, incl	udina accompanyina echadulas	and etateme	unter and to the heet of my	/ knowledge and helief it is			
		it, and complete. Declaration of preparer (other than officer) is				Kilowieuge allu bellei, it is			
truc	, 001100		based on an information of wi	non proparoi	ilas arīy Kriowicuge.				
Sig	n	Signature of officer			Date				
Her		ADAM BRANDON, PRESIDENT							
	•	Type or print name and title							
		Print/Type preparer's name Pre	eparer's signature		Date Check	PTIN			
Paid	i	RENAE DUNCAN	1	1/01/23 if self-employ	P01257722				
Pre	arer	Firm's name ATCHLEY & ASSOCIATE		4-2920819					
	Only	Firm's address 1005 LA POSADA DRIV							
		AUSTIN, TX 78752			Phone no. (5	12)346-2086			
May	the IF	RS discuss this return with the preparer shown above?	See instructions			X Yes No			

THE MISSION OF PREEDOMWORKS FOUNDATION IS TO EDUCATE AND EMPOWER AMERICANS WITH THE PRINCIPLES OF INDIVIDUAL LIBERTY, SMALL GOVERNMENT, AND FREE MARKETS. Did the organization undortake any significant program services during the year which were not listed on the prior form 950 or 960-E27 If "Yes," describe these new services on Schedule O. 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. Describe the organization service conducting, or make significant changes in how it conducts, any program services. [Yes [X] No If "Yes," describe these changes on Schedule O. Describe the organization service conducting, or make significant changes in how it conducts, any program services. [Yes [X] No If "Yes," describe these changes on Schedule O. Describe the organization service exports. Section 501(x)3) and 501(x)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service exports. Section 501(x)3) and 501(x)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service exports. Section 501(x)3) and 501(x)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses. Section 501(x)3) and 501(x)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses. Section 501(x)4) and 501(x)4) organization and services are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)4) and 501(x)4) organization services are services organized by expenses. Section 501(x)4) and 501(x)4) organization services are services. Section 501(x)4) and 501(x)4)	Pai	Statement of Program Service Accomplishments
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AMERICANS WITH THE PRINCIPLES OF INDIVIDUAL LIBERTY, SMALL GOVERNMENT, AND FREE MARKETS. Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 E27 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for seach program service concept. CENTRE FOR ECONOMIC FREEDOM. THE FOUNDATION WORKS TO CONSTANTLY ENGAGE ACTIVISTS ACROSS THE COUNTRY IN ORDER TO IMPLEMENT ITS PROGRAMS. ADDITIONALLY, EDUCATION AND RESEARCH PROGRAMS ARE CONDUCTED TO SUPPORT THE COMMUNITY TO FURTHER ITS FREE MARKET AND LIMITED GOVERNMENT ACTIVITIES. STRATEGY INCLUDES STRATEGIC MANAGEMENT AND LISUSSION ABOUT FOUNDATION DEVELOPMENT AND CREATION OF FUTURE PROGRAMS. IN ORDER TO ENSURE THAT THE FOUNDATION WILL CONTINUALLY EVALUATE PROGRAMS. THE REGULATORY ACTION: THE FOUNDATION MOBILIZES THE COMMUNITY TO IMPLEMENT THE REGULATORY ACTION IT THE FOUNDATION MOBILIZES THE COMMUNITY TO IMPLEMENT THE REGULATORY ACTION IT THE FOUNDATION MOBILIZES THE COMMUNITY ENGAGEMENT. THE REGULATORY ACTION IS THE FOUNDATION MOBILIZES THE COMMUNITY ENGAGEMENT. THE REGULATORY ACTION THE DIVIDATE AND SUPPORT SEPRONDED TO THE ACTIVITY TO MAKE THE FOUNDATION SET DIVIDATE ACTIVITY TO TAKE PART IN THE REGULATORY PROCESS. ADDITIONALLY, TRAINING AND SUPPORT SET PROVIDED TO THE ACTIVITY TO SERVER IN SUPPORT SET PROVIDED TO THE ACTIVITY TO SERVER IN SUPPORT SET PROVIDED TO THE ACTIVITY OF THE PROVIDED TO THE PROGRAM. THE FOUNDATION SET DIVIDATES ACTIVITY	1	·
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Form 990 (2022) FREEDOMWORKS FOUNDATION, INC. 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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		X
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	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		=	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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Pai	rt IV Checklist of Required Schedules (continued)		T.,	Γ
	P: 11		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes." <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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			
	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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	I		٠,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV	I		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	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			٦,
	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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Oncord Ochequie O contains a response of flore to any line in this Fall V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		

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Form **990** (2022)

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

FREEDOMWORKS FOUNDATION, INC.
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	Х								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	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).										
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		X							
С	, , , , , , , , , , , , , , , , , , , ,										
6a											
	any contributions that were not tax deductible as charitable contributions?										
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	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		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X							
f	· · · · · · · · · · · · · · · · · · ·										
g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8									
_	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds										
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any tayable distributions under section 4966?											
a Did the sponsoring organization make any taxable distributions under section 4966? b. Did the sponsoring organization make a distribution to a depart depart advisor, or related paragraph.											
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b									
10	Initiation fees and capital contributions included on Part VIII, line 12										
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-									
11	Section 501(c)(12) organizations. Enter:	1									
	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
-	amounts due or received from them.)										
12a	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										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	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			X							
excess parachute payment(s) during the year?											
	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?	17									
	If "Yes," complete Form 6069.										

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.			Ū						
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X						
<u> </u>	tion A. Governing body and Management		Yes	No						
10	Enter the number of voting members of the governing body at the end of the tax year) [162	NO						
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	4								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4								
_	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										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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.		Х							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37						
	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	401								
500	exempt status with respect to such arrangements? tion C. Disclosure	16b								
	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY		MΣ	мт						
17	· · · · · · · · · · · · · · · · · · ·									
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 UHY)	avallä	UI C						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website Another's website Y Upon request X 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 financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records EMILY CLARDIE - 202-783-3870									
	111 K ST., NE, 6TH FLOOR, WASHINGTON, DC 20002									
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)						

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.

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

- 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.

(A)	(B)	I		((Pos	C)))		(D)	(E)	(F)
Name and title	Average hours per	box	not c	heck ss pe	more rson i	than o	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated snat-		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ADAM BRANDON	26.00	ļ						050 046	126 117	00 454
PRESIDENT	14.00	Х		Х				253,346.	136,417.	28,474.
(2) NOAH WALL	26.00				l			165 500	00 005	22 24 2
EXECUTIVE VICE PRESIDENT	14.00				Х			165,708.	89,227.	33,910.
(3) JOHN TAMNY	4.00	-				3,7		17 500	157 500	26 697
DIR. CENTER FOR ECONOMIC FREEDOM	36.00					X		17,500.	157,500.	26,687.
(4) STEVE MOORE	26.00 14.00	-				X		107 250	57 750	20 070
(5) JOHN STODDARD	26.00					^		107,250.	57,750.	20,879.
VICE PRESIDENT OF MARKETING	14.00	-				X		105,816.	56,978.	13,710.
(6) SAVANNAH STEELE	26.00					123		103,010.	30,370.	13,710.
SENIOR CONTROLLER	14.00					x		94,250.	50,750.	12,633.
(7) CASAR YBARRA	26.00							7 = 7 = 3 = 3	0077000	
VICE PRESIDENT OF POLICY	14.00					x		87,750.	47,250.	11,030.
(8) PAUL BECKNER	1.00							,	,	,
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(9) BETSY ALBAUGH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TED ABRAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOAN CARTER	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARILYN HAYDEN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) ROB LANSING	1.00	l								
BOARD MEMBER	1	Х						0.	0.	0.
(14) NICOLA OPDYCKE	1.00									_
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) PARRISA SEDGHI FORNWALT	1.00	٠,		\ \ \					_	_
SECRETARY	1.00	X		Х				0.	0.	0.
		1								
									•	Form 990 (2022)

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	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)	0/	comper from organi and re	nsation the zation
			•						021 620	505.07		1 4 17	202
С	Subtotal Total from continuation sheets to Part VI	I, Section A							831,620.		0.		323.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								831,620. eceived more than \$100,	595,87 000 of reportable	2. 1	L47,	323.
	compensation from the organization											Ye	es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-		-		-	•	-		3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4 Σ	ζ
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	accrue comper	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5	Х
Sec	tion B. Independent Contractors Complete this table for your five highest co	•									neation	n from	•
	the organization. Report compensation for	•	•						the organization's tax y	•			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Con	(C) npensa	ition
2	Total number of independent contractors (i \$100,000 of compensation from the organic	· ·	ot lin	nited	o to	thos (_	ted	above) who received mo	ore than			
											Fo	_{rm} 99	0 (2022)

13241101 796448 10486

						ORKS	FOUNDATI	ON, INC.		52-1526	916 Page 9
Par	tν	Ш	Statement of Rev	⁄enι	ıe						
			Check if Schedule O c	ontai	ins a re	esponse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
ran			Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			1c					
# Z			Related organizations			1d					
s, G			Government grants (contri			1e					
ion		f	All other contributions, gifts, g	grants	s, and						
but			similar amounts not included	above	·	1f 7,	139,619.				
g G G		g	Noncash contributions included in li	nes 1a	ı-1f	1g \$					
<u>ခ် လ</u>		h	Total. Add lines 1a-1f					7,139,619.			
e l							Business Code				
	2	а									
Program Service Revenue		b									
S Ž		С									
am		d									
og B		е									
P		f	All other program service r	even	ue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					4,580.			4,580.
	4		Income from investment of								
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
				6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a	49,	,152 .					
		b	Less: cost or other basis								
e			and sales expenses	7b	7,	,005 .					
Revenue		С	Gain or (loss)	7с	42,	<u>,147.</u>					
æ		d	Net gain or (loss)			<u></u>		42,147.			42,147.
Other I	8	а	Gross income from fundraisin	•	,	- 1					
₹			including \$			of					

Part IV, line 18

b Less: direct expenses
c Net income or (loss) from fundraising events

9 a Gross income from gaming activities. See Part IV, line 19
b Less: direct expenses
c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns and allowances

8a

8b

9a

9a

9a

10a

232009 12-13-22

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7,186,346.

12 Total revenue. See instructions

contributions reported on line 1c). See

Form 990 (2022) FREEDOMWORKS FOUNDATION, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	nolete column (A)	
00011	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	33,656.	33,656.		
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,	450 602	127 161	22 156	10 202
_	trustees, and key employees	459,603.	427,164.	22,156.	10,283.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	2,724,197.	2,531,920.	131,327.	60,950.
7 8	Other salaries and wages Pension plan accruals and contributions (include	Δ, 1Δ±, ±31•	4,331,340.	131,3410	00,930.
0	section 401(k) and 403(b) employer contributions)	57,033.	53,008.	2,749.	1 276.
9	Other employee benefits	225,363.	209,457.	10,864.	1,276. 5,042.
10	Payroll taxes	232,673.	216,250.	11,217.	5,206.
11	Fees for services (nonemployees):	20270701	220,2301		3,2001
	Management				
b		40,392.	32,343.	1,128.	6,921.
	Accounting	32,765.	,	32,765.	- , -
	Lobbying	·		,	
		44,187.			44,187.
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.)	1,616,423.	1,579,522.	31,435.	5,466.
12	Advertising and promotion	144,954.	144,954.		
13	Office expenses	394,355.	383,906.	1,332.	9,117.
14	Information technology	169,987.	160,078.	5,459.	4,450.
15	Royalties	1== 001			
16	Occupancy	457,081.	423,064.	23,381.	10,636.
17	Travel	653,202.	647,738.	1,261.	4,203.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	CC2 027	CEE 124	1 (01	7 202
19	Conferences, conventions, and meetings	663,937.	655,134.	1,601.	7,202.
20	Interest				
21	Payments to affiliates	4,948.		4,948.	
22	Depreciation, depletion, and amortization	4,340.		4,340.	
23 24	Other expenses, Itemize expenses not covered				
2 4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SOFTWARE MARKETING	176,958.	166,481.	5,772.	4,705.
b	DIRECT MAIL EXPENSE	136,734.	126,630.	309.	9,795.
С	PRINTING AND COPYING	122,214.	120,287.	1,299.	628.
d	LIST RENTAL	20,553.	18,312.	E00	2,241.
	All other expenses	12,628.	7,913.	720.	3,995.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	8,423,843.	7,937,817.	289,723.	196,303.
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)				000

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Par	τX	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,282,437.	1	856,596.	
	2	Savings and temporary cash investments				2	154,866.
	3	Pledges and grants receivable, net		1,290.	3	695.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ontributor, or 35%				
		controlled entity or family member of any of t	ons		5		
	6	Loans and other receivables from other disqu	alified pers				
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	5,736
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	105,407.			
	b	Less: accumulated depreciation	10b	105,407.	4,947.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	645,236		
	16	Total assets. Add lines 1 through 15 (must e			3,288,674.	16	1,663,129
	17	Accounts payable and accrued expenses		240,135.	17	343,541	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
s	22	Loans and other payables to any current or fo	ormer office	er, director,			
iţie		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ons		22	
	23	Secured mortgages and notes payable to uni	elated thir		10,605.	23	0.
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			437,645.	25	0.
	26	Total liabilities. Add lines 17 through 25			688,385.	26	343,541.
		Organizations that follow FASB ASC 958, o	heck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			2,378,177.	27	1,319,588.
Bal	28	Net assets with donor restrictions			222,112.	28	0.
nd In		Organizations that do not follow FASB ASC	958, che	ck here			
Ī.		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,600,289.	32	1,319,588.
-	33	Total liabilities and net assets/fund balances			3,288,674.	33	1,663,129.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	7,18	6,3	<u>46.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	3,42	3,8	<u>43.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	-1,237,4				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	2,600,289					
5	Net unrealized gains (losses) on investments	5		-4	3,1	83.		
6	Donated services and use of facilities	6						
7	Investment expenses	7			- :	21.		
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1	.,31	9,5	88.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	J					
	consolidated basis, or both:							
	Separate basis Consolidated basis X 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,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	Э.					
За	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?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		tit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FREEDOMWORKS FOUNDATION.

Employer identification number

		FREE	DOMWORKS FO	OUNDATION, II	NC.			5	2-1526916
Par	t I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The o	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the	general ¡	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of tl	he college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	ınization a	ıfter June 30, 1975.
_		See section 509(a)(2). (Cor	mplete Part III.)						
11	_	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 50	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority o	f the direc	tors or trustees	s of the su	pporting
		organization. You must o							
b		Type II. A supporting org	•				-		-
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	= : :				-	integrate	ed with,
_		its supported organization	. , .	•		•	•		
d		Type III non-functionally	•					•	` '
		that is not functionally int		•	•		•	an attentiv	/eness
		requirement (see instructi	•	•	•			T	
е		Check this box if the orga functionally integrated, or					Type I, Type II	, Type III	
	Ente	er the number of supported o	* *	ially integrated supporting	ng organiz	ation.			
		ride the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of r	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
				above (oce mondonomy)					
Total									

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) = 2 · 2	(3) = 2 · 2	(5) = = = =	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	7112650.	5752308.	8363242.	7479830.	7139619.	35847649.
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	7112650.	5752308.	8363242.	7479830.	7139619.	35847649.
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)						9483202.
	Public support. Subtract line 5 from line 4.						26364447.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7112650.	5752308.	8363242.	7479830.	7139619.	35847649.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	71,080.	2,117.	863.	501.	4,580.	79,141.
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.)			15,800.	4,250.		20,050.
11	Total support. Add lines 7 through 10						35946840.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	.,,		14	73.34 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	70.23 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-					
80	check this box and stop here ction C. Computation of Publi						<u></u>
	•			-1(6)		145	0/
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
	•			20 12 column (f)		17	04
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2022. If the						7 is not
156	more than 33 1/3%, check this box ar						
,	33 1/3% support tests - 2021. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b	4c		
5b			
5b			
5b			
5b	F-		
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
10a	9с		
10a			
10a			
	10a		
10b 10b 2000			

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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
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	_		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		1	·
	Were a sector to a filtre a construction to all the decrease and a first the decrease at the construction of the all the decrease at the construction of the construct		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization eversion a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2022

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

	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	on 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	on 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	inization (see
	instructions).	-		

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
<u>Sect</u>	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-			I	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
~					
	Excess from 2021				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** FREEDOMWORKS FOUNDATION 52-1526916 INC. 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

FREEDOMWORKS FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>750,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>235,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$586,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>275,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

FREEDOMWORKS FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>160,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 162,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>162,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 300,245.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Humo, dudi coo, and En 1 1	\$150,000.	Person X Payroll
(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.)

Name of organization Employer identification number

FREEDOMWORKS FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** FREEDOMWORKS FOUNDATION, INC. 52-1526916 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FREEDOMWORKS FOUNDATION, INC.

Employer identification number 52-1526916

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts				
4	Total number at and of year	(a) Borior advised furids	(b) i dilas ana otner accounts				
1 2	Total number at end of 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 v	writing that the assets held in donor advi	eed funds				
3	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
U	for charitable purposes and not for the benefit of the donor o						
Par							
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	· —	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
			1 1				
С	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel						
	year						
4	Number of states where property subject to conservation eas	sement is located	_				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year				
•	Decree de la constitución de la	476	0/1-1/41/101/01				
8	Does each conservation easement reported on line 2(d) abov						
_							
9	In Part XIII, describe how the organization reports conservation	·					
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's illiancial staten	lents that describes the				
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works				
	of art, historical treasures, or other similar assets held for put	·					
	service, provide in Part XIII the text of the footnote to its finar	,	•				
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 treatments						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1		\$				
	Assets included in Form 990, Part X						
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022				

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

_	t III Organizations Maintaining Co	ollections of Art				r Other	Similar A		(conti		age 🚣
	•								(COIIII	<u>iuea)</u>	
3	Using the organization's acquisition, accession	n, and other records	, crieck	ariy or trie i	ollowing that	. make sig	rillicarit use	OI ILS			
	collection items (check all that apply):										
a	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll							n Part :	XIII.		
5	During the year, did the organization solicit or								7	_	_
Б.	to be sold to raise funds rather than to be mai								Yes		_ No
Pai	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered '	'Yes" on F	Form 990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia		-						7	_	٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing ta	able:							
									Amoun	<u>t</u>	
	Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for e	scrow or cu	stodial acco	unt liabilit	y?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII. C									L_	
Par	t V Endowment Funds. Complete if		wered '	'Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three year	s back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f											
g	End of year balance										
2	Provide the estimated percentage of the curre		(line 1a	. column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%	, ()	,						
b	Permanent endowment	%									
С	Term endowment %	 .									
_	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the possess	•	ion that	are held ar	nd administer	ed for the					
-	organization by:	olori or tiro organizat	ion that	aro mora ar	ia aarriiriiotor	04 101 1110				Yes	No
	(i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations	one lieted as require	nd on Sc	hadula R2					3b		
1	Describe in Part XIII the intended uses of the o								CD		
Par	t VI Land, Buildings, and Equipme	ent.	ATTIOTIC TO	indo.							
	Complete if the organization answered		Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot basis (investm	her		or other	(c) Ac	cumulated reciation		(d) Boo	k valu	е
12	Land	 	-7	- 20.0		229					
	Buildings										
	Leasehold improvements										
d				1 0	5,407.	1	05,407	_			0.
	EquipmentOther				J, 10/6		JJ , <u> </u>	-			•
	L. Add lines 1a through 1e. <i>(Column (d) must eg</i>		/ 00l···-	n (D) line 1	<u> </u>						0.
. J.u		uai i Uiili 33U, Fáil A	, coluiti	ו אוווייניטייי							

Schedule D (Form 990) 2022

Sch	nedule D (Form 990) 2022	FREEDOMWORKS	FOUNDATION,	INC.	52-1526916 Page 3
Pa	art VII Investments - O	ther Securities.			
	Complete if the organ	nization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.
(8	a) Description of security or catego	TY (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1)	Financial derivatives				
(2)	Closely held equity interests				
(3)	Other				
	(A)				
	(B)				
	(C)				
	(D)				
	(E)				
	(F)				
	(G)				
	(H)				

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM FREEDOMWORKS, INC.	645,236.
(2)	
(3)	
<u>(5)</u>	
(6)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	645,236.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,143,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-43,183.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-43,183.
3	Subtract line 2e from line 1			3	7,186,325.
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	21.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	21.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	2.)		5	7,186,346.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per R	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	8,423,843.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,423,843.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line			5	8,423,843.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3), AND IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS DESCRIBED IN IRC SECTION 170(B)(L)(A)(VI). CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE UNDER IRC SECTION 170(C)(2). THE FOUNDATION IS SUBJECT TO TAX ON INCOME FROM UNRELATED BUSINESS ACTIVITIES.

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	FREEDOMWORKS	FOUNDATION,	INC.	52-1526916	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (continued)				
	(ocritina ou)				
	<u> </u>				
<u></u>					

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 52-1526916 FREEDOMWORKS FOUNDATION, 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. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) RIGHTERS GROUP, LLC - 1807 DIRECT MAIL CREATIVE Yes No SOUTH CHURCH STREET, STE. ADVICE Х 331,550 41,772 289,778. 331 550 41 772 289 778. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA,RI,SC TN, UT, VA, WV, WI, AK, CO, ME, NV, OH, WA, CT

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

52-1526916 Page 2 FREEDOMWORKS FOUNDATION, INC. Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022 FREEDOMWORKS FOUNDATION, INC. 5.	Z-1526916 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	nt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	10
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ER C •
SCHEDULE G, TAKT I, BINE 2D, BIST OF TEN HIGHEST TAID FONDKAIS	EKD.
(I) NAME OF FUNDRAISER: RIGHTERS GROUP, LLC	
(I) ADDRESS OF FUNDRAISER:	
1807 SOUTH CHURCH STREET, STE. 180, PMB #221, SMITHFIELD, VA	23430

Schedule G	(Form 990)	FREEDOMWORKS	FOUNDATION,	INC.	52-1526916	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
	• •	(ooritiiia ou)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule I (Form 990) 2022

FREEDOMWO	FREEDOMWORKS FOUNDATION, INC.							
Part I General Information on Grants	and Assistance							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or ass	istance?						No	
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.				
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	T	· · · · · · · · · · · · · · · · · · ·		ı	(f) Method of	Γ		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
DODDDE GWALLS LEGACY FOUNDAMENT								
ROBERT SMALLS LEGACY FOUNDATION PO BOX 26141							TO FURTHER THE	
ALEXANDRIA, VA 22313	87-3187310	501(C)(3)	33,656.	0.			ORGANIZATION'S MISSION.	
	+		+				 	
2 Enter total number of section 501(c)(3)	-	-						
3 Enter total number of other organization	ns listed in the line	1 table						

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

(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
rt IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, columi	 n (b); and any other ac	ditional information.	
RT I, LINE 2:	•				
EEDOMWORKS REVIEWS EXPENSES T	O ENSURE THE	Y ARE IN	LINE WITH T	HE PROPOSED	
DGET.		-	-		

SCHEDULE J (Form 990)

Pa

1a

b

2

3

X Compensation committee

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

52-1526916

FREEDOMWORKS FOUNDATION, INC.

rt I	Questions Regarding Compensation			
			Yes	No
	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or bursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
Did th	the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, sees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	cate which, if any, of the following the organization used to establish the compensation of the organization's l/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			

Written employment contract

X Independent compensation consultant	X Compensation survey or study
X Form 990 of other organizations	X Approval by the board or compensation committee

	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?	4a	Σ
h	Participate in or receive payment from a supplemental populalified retirement plan?	4h	7

c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

establish compensation of the CEO/Executive Director, but explain in Part III.

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

b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6

contingent on the net earnings of: a The organization?

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

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

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

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

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

Schedule J (Form 990) 2022

5a

6a

6b

7

Х

X

X

X

X

Х

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM BRANDON	(i)	253,229.	0.	117.	6,852.	11,656.	271,854.	0.
PRESIDENT	(ii)	136,354.	0.	63.	3,690.	6,276.		0.
(2) NOAH WALL	(i)	165,614.	0.	94.	8,281.	13,761.	187,750.	0.
EXECUTIVE VICE PRESIDENT	(ii)	89,177.	0.	50.	4,459.	7,409.		0.
(3) JOHN TAMNY	(i)	17,000.	500.	0.	779.	1,890.		0.
DIR. CENTER FOR ECONOMIC FREEDOM	(ii)	153,000.	4,500.	0.	7,013.	17,005.		0.
(4) STEVE MOORE	(i)	107,250.	0.	0.	0.	13,571.	120,821.	0.
ECONOMIST	(ii)	57,750.	0.	0.	0.	7,308.		0.
(5) JOHN STODDARD	(i)	105,750.	0.	66.	3,513.	5,399.		0.
VICE PRESIDENT OF MARKETING	(ii)	56,942.	0.	36.	1,891.	2,907.		0.
(6) SAVANNAH STEELE	(i)	87,750.	6,500.	0.	4,387.	3,824.	102,461.	0.
SENIOR CONTROLLER	(ii)	47,250.	3,500.	0.	2,363.	2,059.	55,172.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FREEDOMWORKS FOUNDATION, INC.

Employer identification number 52-1526916

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

TO EDUCATE AND EMPOWER AMERICANS WITH THE PRINCIPLES OF INDIVIDUAL

LIBERTY, SMALL GOVERNMENT, AND FREE MARKETS.

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

EDUCATION IS THE ANIMATING FORCE THAT INFORMS THE DAILY ACTIVITIES AT

FREEDOMWORKS FOUNDATION. THE ORGANIZATION WAS FOUNDED IN 1984 ON THE

CAMPUS OF GEORGE MASON UNIVERSITY-A CENTER FOR AMERICAN FREE-MARKET

ECONOMIC THOUGHT. SINCE THOSE EARLY DAYS, WE HAVE CONTINUED TO PURSUE A

GOAL OF PRESERVING LIBERTY BY EDUCATION AMERICANS ABOUT FREE-MARKETS,

LIMITED GOVERNMENT, AND INDIVIDUAL LIBERTY.

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

THE 990 IS PREPARED BY AN INDEPENDENT CPA FIRM WITH THE HELP OF THE SENIOR CONTROLLER. IT IS THEN REVIEWED BY THE CFO, AND LEGAL AND MANAGEMENT, AND ONCE FINALIZED, IT IS SENT TO THE BOARD FOR FINAL REVIEW.

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

THE GOVERNANCE AND ETHICS POLICY IS REVIEWED AND ADOPTED ANNUALLY BY THE BOARD OF DIRECTORS AND EMPLOYEES.

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

THE PROCESS INCLUDES A REPORT BASED ON A REVIEW OF FORM 990'S OF COMPARABLE
ORGANIZATIONS, AND A COMPILATION OF SALARIES OF EXECUTIVES AT SIMILAR
ORGANIZATIONS IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS. THIS

PROCESS INCLUDES COMPENSATION FOR THE PRESIDENT OR ANY PERSON DEEMED A

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 52-1526916 FREEDOMWORKS FOUNDATION, INC. DISQUALIFIED PERSON UNDER INTERNAL REVENUE CODE SECTION 4958. THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES OR THE ORGANIZATION IS DETERMINED BY THE PRESIDENT, WITHIN THE BUDGET ADOPTED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,ND,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN UT, VA, WV, WI, AK, CO, NV, ND, OH, OK FORM 990, PART VI, SECTION C, LINE 18: FREEDOMWORKS MAKES AVAILABLE ITS FORM 1023 AND A PUBLIC DISCLOSURE COPY OF ITS FEDERAL FORM 990 UPON REQUEST. A COMPLETE PUBLIC DISCLOSURE COPY OF FEDERAL FORM 990 IS AVAILABLE ON THE FOUNDATION'S WEBSITE, AND PROVIDED TO GUIDESTAR BY THE FOUNDATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS INTERNAL POLICIES AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDIA, POLLING, PR, STRATEGY, & OTHER SERVICE & CONSULTANTS:

MANAGEMENT AND GENERAL EXPENSES 3,221.

TOTAL EXPENSES 1,588,209.

PROFESSIONAL FEES - HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES

FUNDRAISING EXPENSES

1,579,522.

5,466.

Schedule O (Form 990) 2022	Page 2
Name of the organization FREEDOMWORKS FOUNDATION, INC.	Employer identification number 52-1526916
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	28,214.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,214.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,616,423.
FORM 990, PART XII, LINE 2C:	
FREEDOMWORKS FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUME	S
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

FREEDOMWORKS FOUNDATION, INC.

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

Employer identification number 52-1526916

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total inco	me End-of-year		(f) Direct controlling entity		
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	l), Part IV, line 34, t	pecause it had one	or more related tax-ex	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	con en	(g) 512(b)(13 trolled htity?	
REEDOMWORKS, INC 52-1349353 11 K ST., NE, 6TH FLOOR	EXISTS TO BUILD, EDUCATE,			301(0)(3))		Yes	No	
WASHINGTON, DC 20002	AND MOBILIZE ACTIVISTS	DISTRICT OF COLUMBIA	501(C)(4)				Х	
	_							
For Paperwork Reduction Act Notice, see the Instruction					Schedule F			

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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

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

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	b Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)								
n	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)									
р	p Reimbursement paid to related organization(s) for expenses								
	q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)									
	s Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on what is the above it is the above i								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1)	FREEDOMWORKS, INC.	N	914,158.	ALLOCATED BASED ON EMPLO	YEE	TII	ME_		
(2)	FREEDOMWORKS, INC.	0	3,404,389.	ALLOCATED BASED ON EMPLO	YEE	TII	ME_		
(3)	FREEDOMWORKS, INC.	P	3,916,800.	ACTUAL EXPENSES					

(4)

(5)

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership
	1								