

Return of Organization Exempt From Income Tax

2019

(Rev. January 2020)

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 08-01, 2019, and ending 07-31, 2020

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization EDUCATION IS FREEDOM FOUNDATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1111 W MOCKINGBIRD LANE 1300B
City or town, state or province, country, and ZIP or foreign postal code
Dallas, TX 75247

D Employer identification number 04-3643313
E Telephone number (214) 693-0673
G Gross receipts \$ 3,104,988

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.EDUCATIONISFREEDOM.ORG

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 2002

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: EIF IS A NONPROFIT ORGANIZATION DEDICATED TO PROVIDING COMPREHENSIVE COLLEGE PLANNING SERVICES AND PRODUCING LIFE CHANGING RESULTS FOR STUDENTS AND FAMILIES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here Marcia Page Signature of officer Date
Marcia Page, President/CEO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Emma S Walker Preparer's signature Emma S Walker Date 02-25-2021 Check if PTIN self-employed P01203651 Firm's name Emma S Walker P C Firm's EIN 757116788 Firm's address 1009 Henderson Street Fort Worth TX 76102 Phone no. 817-332-3049

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

EIF IS A NONPROFIT ORGANIZATION DEDICATED TO PROVIDING COMPREHENSIVE COLLEGE PLANNING SERVICES AND PRODUCING LIFE CHANGING RESULTS FOR STUDENTS AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,151,760 including grants of \$ ) (Revenue \$ ) THE HIGH SCHOOL PROGRAMS: On-campus Higher Education Advisors provide one-on-one interactive sessions as well as workshop to guide students through comprehensive college application, enrollment and financing processes. Students, totaling 120,102 in 20 Dallas Independent Schools and 5,808 in 5 Grand Prairie Independent Schools, have access to advisors daily during the school year. Over 21,000 college applications were completed. With this support, a college-going community is created among greatly under-served students who will most likely be the first in their families to go to college. EIF was awarded as one of the 10 Best College Access Organizations in the country by the Education Policy Institute. The National College Access Network gave EIF their Award of Excellence.

4b (Code: ) (Expenses \$ 277,762 including grants of \$ ) (Revenue \$ ) THE MAYOR'S INTERN FELLOWS PROGRAM: With this EIF-developed program, EIF partners with the Dallas Mayor's office to provide paid 8 week summer internships with top companies and organizations to foster comprehensive job skills training and professional development. Three hundred ninety-five interns worked for 240 employers in the Dallas program. EIF also partnered with the Richardson Mayor's office to inaugurate the intern program in that city with 92% of the Intern Partners stating that they were satisfied with the first-year program. Along with these internships, EIF has facilitated over 23,350 hours of workforce development training. The belief is that with career exposure, workforce readiness skills and post-secondary education, these students will become productive members of the workforce, and thus, the community.

4c (Code: ) (Expenses \$ 248,157 including grants of \$ ) (Revenue \$ ) OTHER PROGRAM SERVICES: The organization's other programs consist of college persistence, the EIF Mobile, Workforce Development, and expansion of the high-school program to Grand Prairie, Austin, and Marshall.

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

4e Total program service expenses 2,677,679

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable trusts.

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 11, Yes, No. Rows include questions about voting members, family relationships, and governance decisions.

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

Table with 5 columns: Question, 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No. Rows include questions about local chapters, conflict of interest, whistleblower, and compensation policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Emily Freeman (214) 693-0673, 1111 W Mockingbird Lane Suite 1300B, Dallas, TX 75247

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) <u>MARK OKADA</u><br>CHAIRMAN                  | 2.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) <u>RAFAEL ANCHIA</u><br>DIRECTOR               | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) <u>DAVID BIEGLER</u><br>DIRECTOR               | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) <u>PATRICK BRANDT</u><br>DIRECTOR              | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) <u>JAMES KEYES</u><br>DIRECTOR                 | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) <u>AL BRU</u><br>DIRECTOR                      | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) <u>MAVIS KNIGHT</u><br>DIRECTOR                | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) <u>DREXELL OWUSU</u><br>DIRECTOR               | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) <u>ROYCE WEST</u><br>DIRECTOR                  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) <u>MARCIA PAGE</u><br>PRESIDENT & CEO         | 40.00  | X   |                       |         | X            |                              |        | 195,000  | 0   | 5,730   |
| (11) <u>MATTHEW RANDAZZO</u><br>DIRECTOR           | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) <u>SCOTT BEASLEY</u><br>DIRECTOR              | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) <u>CHRIS SMITH</u><br>CHIEF OPERATING OFFICER | 40.00  |   |                       |         | X            |                              |        | 110,000  | 0   | 15,242  |
| (14) _____   |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Subtotal</b> .....   |  |   |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              | 305,000 | 0  | 20,972  |   |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue                              | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts       | 1a Federated campaigns  | 1a  |  |                                      |   |  |
|   | b Membership dues   | 1b  |  |                                      |   |  |
|   | c Fundraising events  | 1c  | 10,500                                       |                                      |   |  |
|   | d Related organizations   | 1d  |  |                                      |   |  |
|   | e Government grants (contributions)   | 1e  | 3,089,821                                    |                                      |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above   | 1f  |  |                                      |   |  |
|   | g Noncash contributions included in<br>lines 1a-1f  | 1g  | \$ 235,460                                   |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   | <b>3,100,321</b>                             |                                      |   |  |
|   |   |   | Business Code                                |                                      |   |  |
| Program Service<br>Revenue                                      | 2a  |   |  |                                      |   |  |
|   | b   |   |  |                                      |   |  |
|   | c   |   |  |                                      |   |  |
|   | d   |   |  |                                      |   |  |
|   | e   |   |  |                                      |   |  |
|   | f All other program service revenue   |   |  |                                      |   |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |  |                                      |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |   | 4,667  | 4,667                                |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds  |   |  |                                      |   |  |
|   | 5 Royalties   |   |  |                                      |   |  |
|   | 6a Gross rents  | (i) Real (ii) Personal                            |  |                                      |   |  |
|   |   | 6a  |  |                                      |   |  |
|   |   | 6b Less: rental expenses                          | 6b   |                                      |   |  |
|   | c Rental income or (loss)   | 6c  |  |                                      |   |  |
|   | d Net rental income or (loss)   |   |  |                                      |   |  |
|   | 7a Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities (ii) Other                         |  |                                      |   |  |
|   |   | 7a  |  |                                      |   |  |
|   |   | b Less: cost or other basis<br>and sales expenses | 7b   |                                      |   |  |
|   | c Gain or (loss)  | 7c  |  |                                      |   |  |
|   | d Net gain or (loss)  |   |  |                                      |   |  |
|   | 8a Gross income from fundraising<br>events (not including \$ 10,500<br>of contributions reported on line<br>1c). See Part IV, line 18 | 8a  |  |                                      |   |  |
|   | b Less: direct expenses   | 8b  |  |                                      |   |  |
| c Net income or (loss) from fundraising events                  |   |   |  |                                      |   |  |
| 9a Gross income from gaming<br>activities, See Part IV, line 19 | 9a  |   |  |                                      |   |  |
| b Less: direct expenses   | 9b  |   |  |                                      |   |  |
| c Net income or (loss) from gaming activities                   |   |   |  |                                      |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances    | 10a   |   |  |                                      |   |  |
| b Less: cost of goods sold                                      | 10b   |   |  |                                      |   |  |
| c Net income or (loss) from sales of inventory                  |   |   |  |                                      |   |  |
| Miscellaneous<br>Revenue  |   |   | Business Code                                |                                      |   |  |
|   | 11a   |   |  |                                      |   |  |
|   | b   |   |  |                                      |   |  |
|   | c   |   |  |                                      |   |  |
|   | d All other revenue   |   |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d   |   |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions                       |   | <b>3,104,988</b>                                  | <b>4,667</b>                                 | <b>0</b>                             | <b>0</b>  |  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 47,970                | 47,970                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | 2,114,924             | 1,873,927                       | 171,760                                | 69,237                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .  | 368,991               | 265,518                         | 100,476                                | 2,997                       |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .   |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .  |                       |                                 |  |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . .   |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .  |                       |                                 |  |                             |
| <b>13</b> Office expenses . . . . .  | 39,899                | 23,362                          | 15,758                                 | 779                         |
| <b>14</b> Information technology . . . . .   | 86,474                | 50,514                          | 35,960                                 |                             |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 203,795               | 203,795                         |  |                             |
| <b>17</b> Travel . . . . .   | 31,029                | 27,184                          | 3,766                                  | 79                          |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 8,792                 | 7,330                           | 785                                    | 677                         |
| <b>23</b> Insurance . . . . .  | 29,272                | 16,470                          | 12,802                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> PROGRAM ACTIVITIES  | 55,357                | 53,355                          | 2,002                                  |                             |
| <b>b</b> FACILITY AND EQUIP EXPENSE  | 58,334                | 15,999                          | 42,335                                 |                             |
| <b>c</b> TELECOMMUNICATIONS  | 25,745                | 12,193                          | 13,552                                 |                             |
| <b>d</b> CONTRACTED SERVICES   | 80,703                | 58,923                          | 18,270                                 | 3,510                       |
| <b>e</b> All other expenses  | 72,672                | 21,139                          | 51,171                                 | 362                         |
| <b>25</b> Total functional expenses. Add lines 1 through 24e. . .  | 3,223,957             | 2,677,679                       | 468,637                                | 77,641                      |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)   |         | (B)         |           |        |
|------------------------------------|---|---|---------|-------------|-----------|--------|
|                                    |   | Beginning of year   |         | End of year |           |        |
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   | 771,019 | 1           | 1,018,988 |        |
|                                    | 2   | Savings and temporary cash investments  | 100,283 | 2           | 33,644    |        |
|                                    | 3   | Pledges and grants receivable, net  | 108,935 | 3           | 190,029   |        |
|                                    | 4   | Accounts receivable, net  | 183,457 | 4           | 190,270   |        |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |         | 5           |           |        |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |         | 6           |           |        |
|                                    | 7   | Notes and loans receivable, net   |         | 7           |           |        |
|                                    | 8   | Inventories for sale or use   |         | 8           |           |        |
|                                    | 9   | Prepaid expenses and deferred charges   | 2,137   | 9           | 4,802     |        |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a     | 533,999     |           |        |
|                                    | b   | Less: accumulated depreciation  | 10b     | 493,471     | 10c       | 40,528 |
|                                    | 11  | Investments - publicly traded securities  | 30,602  | 11          |           |        |
|                                    | 12  | Investments - other securities. See Part IV, line 11  |         | 12          |           |        |
|                                    | 13  | Investments - program-related. See Part IV, line 11   |         | 13          |           |        |
|                                    | 14  | Intangible assets   |         | 14          |           |        |
|                                    | 15  | Other assets. See Part IV, line 11  |         | 15          |           |        |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)                              | 1,206,072   | 16      | 1,478,261   |           |        |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 35,478  | 17          | 73,170    |        |
|                                    | 18  | Grants payable  |         | 18          |           |        |
|                                    | 19  | Deferred revenue  |         | 19          |           |        |
|                                    | 20  | Tax-exempt bond liabilities   |         | 20          |           |        |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |         | 21          |           |        |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |         | 22          |           |        |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  |         | 23          |           |        |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |         | 24          | 360,100   |        |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 99,997  | 25          | 93,363    |        |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 135,475 | 26          | 526,633   |        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> |   |         |             |           |        |
|                                    | <b>and complete lines 27, 28, 32, and 33.</b>   |   |         |             |           |        |
|                                    | 27  | Net assets without donor restrictions   | 547,977 | 27          | 633,178   |        |
|                                    | 28  | Net assets with donor restrictions  | 522,620 | 28          | 318,450   |        |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>     |   |         |             |           |        |
|                                    | <b>and complete lines 29 through 33.</b>  |   |         |             |           |        |
|                                    | 29  | Capital stock or trust principal, or current funds  |         | 29          |           |        |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |         | 30          |           |        |
| 31                                 | Retained earnings, endowment, accumulated income, or other funds                              |   | 31      |             |           |        |
| 32                                 | <b>Total net assets or fund balances</b>  | 1,070,597   | 32      | 951,628     |           |        |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 1,206,072   | 33      | 1,478,261   |           |        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 3,104,988 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,223,957 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | (118,969) |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,070,597 |
| 5  | Net unrealized gains (losses) on investments   | 5  |           |
| 6  | Donated services and use of facilities   | 6  |           |
| 7  | Investment expenses  | 7  |           |
| 8  | Prior period adjustments   | 8  |           |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 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 | 951,628   |

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

**EDUCATION IS FREEDOM FOUNDATION**

**04-3643313**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Description. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 2,163,305 | 2,155,545 | 2,167,822 | 3,047,911 | 3,100,321 | 12,634,904 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |           |           |           |           |           |            |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |           |           |           |           |           |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |           |           |           |           |           |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |           |           |           |           |           |            |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 2,163,305 | 2,155,545 | 2,167,822 | 3,047,911 | 3,100,321 | 12,634,904 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  | 14,000    | 30,500    | 186,000   | 355,600   | 87,500    | 673,600    |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |           |           |           |           |           |            |
| <b>c</b> Add lines 7a and 7b . . . . .  | 14,000    | 30,500    | 186,000   | 355,600   | 87,500    | 673,600    |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |           |           |           |           |           | 11,961,304 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>9</b> Amounts from line 6 . . . . .  | 2,163,305 | 2,155,545 | 2,167,822 | 3,047,911 | 3,100,321 | 12,634,904 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 44        | 197       | 357       | 3,975     | 4,667     | 9,240      |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |           |           |           |           |           |            |
| <b>c</b> Add lines 10a and 10b . . . . .  | 44        | 197       | 357       | 3,975     | 4,667     | 9,240      |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |           |           |           |           |           |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |           |           |           |           |           |            |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 2,163,349 | 2,155,742 | 2,168,179 | 3,051,886 | 3,104,988 | 12,644,144 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |           |           |           |           |           |            |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 94.60 % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 96.61 % |

**Section D. Computation of Investment Income Percentage**

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17. . . . .                         | <b>18</b> | 0.00 % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ▶

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  | Yes | No |
| <b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> 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? Provide details in <b>Part VI</b> .   |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |     |    |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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





# Schedule of Contributors

# 2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**EDUCATION IS FREEDOM FOUNDATION**

Employer identification number

**04-3643313**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| <u>1</u>   | Dallas Independent School District<br>9400 N Central Expressway Ste 1100<br>Dallas, TX 75231 | \$ 1,406,142               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | The Dallas Foundation<br>3963 Maple Avenue, Ste 390<br>Dallas, TX 75202                      | \$ 284,804                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | Grand Prairie Independent School<br>2602 South Belt Line Road<br>Grand Prairie, TX 75052     | \$ 100,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | Capital One Services LLC<br>15000 Capital One Drive<br>Richmond, VA 23238                    | \$ 70,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | JPMorgan Chase Foundation<br>2200 Ross Avenue<br>Dallas, TX 75201                            | \$ 225,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | United Way Metropolitan Dallas<br>1800 North Lamar<br>Dallas, TX 75202                       | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | Kimberly Clark Corporation<br>351 Phelps Drive<br>Irving, TX 75038    | \$ 42,230                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Accenture LLP<br>161 North Clark Street<br>Chicago, IL 60601          | \$ 41,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Wells Fargo Foundation<br>550 S 4th Street<br>Minneapolis, MN 55415   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | KPMG<br>2323 Ross Avenue<br>Dallas, TX 75201                          | \$ 39,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | Richardson ISD<br>400 South Greenville Avenue<br>Richardson, TX 75081 | \$ 104,514                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | Fidelity<br>P O Box 770001<br>Cincinnati, OH 45277                    | \$ 125,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| <u>13</u>  | <u>A T &amp; T</u><br><u>208 South Akard Street</u><br><u>Dallas, TX 75202</u>                                    | \$ <u>25,000</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>14</u>  | <u>CIT</u><br><u>One CIT Drive</u><br><u>Livingston, NJ 07039</u>   | \$ <u>10,000</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>15</u>  | <u>My Brother's Keeper</u><br><u>900 Chicon Street</u><br><u>Austin, TX 78702</u>                                 | \$ <u>115,885</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>16</u>  | <u>National College Access Network</u><br><u>1001 Connecticut Ave. NW Ste 300</u><br><u>Washington, DC 20036</u>  | \$ <u>11,000</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>17</u>  | <u>Toyota</u><br><u>300 Brickstone Sq. Ste 601</u><br><u>Andover, MA 01810</u>                                    | \$ <u>38,000</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>18</u>  | <u>Sierra Management Group LLC</u><br><u>2111 Palomar Airport Road Ste. 320</u><br><u>Carlsbad, CA 92011-1421</u> | \$ <u>15,000</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table for 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 445,079                         | 404,551                      | 40,528         |
| e Other  |                                      | 88,920                          | 88,920                       |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 40,528         |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>Accrued Payroll and Related Expense</b>                            | 90,113         |
| (3) <b>Scholarships Payable</b>   | 3,250          |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 93,363         |

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

**Part XI**

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        |           | <b>1</b>  | 3,104,988 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                       |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 3,104,988 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                      |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12a.) . . . . . |           | <b>5</b>  | 3,104,988 |

**Part XII**

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 3,223,957 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 3,223,957 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 3,223,957 |

**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 II 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                |
|-----------------|--|---|--------------|------------------|---------------------------------|
|                 |  | (event type)  | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts . . . . .  |              |                  |                                 |
|                 | 2  | Less: Contributions . . . . .   |              |                  |                                 |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            |              |                  |                                 |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |                  |                                 |
|                 | 5  | Noncash prizes . . . . .  |              |                  |                                 |
|                 | 6  | Rent/facility costs . . . . .   |              |                  |                                 |
|                 | 7  | Food and beverages . . . . .  |              |                  |                                 |
|                 | 8  | Entertainment . . . . .   |              |                  |                                 |
|                 | 9  | 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.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|---|--|---|---|---|--|
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

04-3643313

**EDUCATION IS FREEDOM FOUNDATION**

**Part I General Information on Grants and Assistance**

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

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

|      | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |  |         |                                 |                          |                                   |   |  |                                    |
| (2)  |  |         |                                 |                          |                                   |   |  |                                    |
| (3)  |  |         |                                 |                          |                                   |   |  |                                    |
| (4)  |  |         |                                 |                          |                                   |   |  |                                    |
| (5)  |  |         |                                 |                          |                                   |   |  |                                    |
| (6)  |  |         |                                 |                          |                                   |   |  |                                    |
| (7)  |  |         |                                 |                          |                                   |   |  |                                    |
| (8)  |  |         |                                 |                          |                                   |   |  |                                    |
| (9)  |  |         |                                 |                          |                                   |   |  |                                    |
| (10) |  |         |                                 |                          |                                   |   |  |                                    |

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

3 Enter total number of other organizations listed in the line 1 table

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

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

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Local Scholarships  |                          | 47,970                   |                                  | Cost  |                                       |
| 2   |                          |                          |                                  |   |                                       |
| 3   |                          |                          |                                  |   |                                       |
| 4   |                          |                          |                                  |   |                                       |
| 5   |                          |                          |                                  |   |                                       |
| 6   |                          |                          |                                  |   |                                       |
| 7   |                          |                          |                                  |   |                                       |
| <b>Part IV Supplemental Information.</b> Provide the information required in Part I, line 2; Part II, column (b); and any other additional information. |                          |                          |                                  |   |                                       |



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2019**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
  - ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**EDUCATION IS FREEDOM FOUNDATION**

**04-3643313**

**Part I Questions Regarding Compensation**

|   | Yes   | No   |  |  |   |   |   |  |  |  |
|---|---|--|--|--|---|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |  |  |  |   |   |   |  |  |  |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                                     | <input checked="" type="checkbox"/> Written employment contract          | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |  |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |   |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>4a</b> Receive a severance payment or change-of-control payment? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p>   |   | X  |  |  |   |   |   |  |  |  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   |   |  |  |  |   |   |   |  |  |  |
| <p><b>5a</b> The organization? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>5b</b> Any related organization? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>6a</b> The organization? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>6b</b> Any related organization? . . . . .</p>  |   | X  |  |  |   |   |   |  |  |  |
| <p><b>7</b> 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 . . . . .</p>   |   | X  |  |  |   |   |   |  |  |  |
| <p><b>8</b> 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 . . . . .</p>   |   | X  |  |  |   |   |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  |   |  |  |  |   |   |   |  |  |  |

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

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

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

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     |  |                         |                                 | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) |                                 |   |
| MARCIA PAGE               | 150,000  | 45,000                              | 0                                   | 0  | 5,730                   | 200,730                         | 0                               |   |
| 1 PRESIDENT & CEO         | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0                               |   |
| CHRIS SMITH               | 100,000  | 10,000                              | 0                                   | 0  | 15,242                  | 125,242                         | 0                               |   |
| 2 CHIEF OPERATING OFFICER | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0                               |   |
| 3                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 4                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 5                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 6                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 7                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 8                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 9                         |  |                                     |                                     |  |                         |                                 |                                 |   |
| 10                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 11                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 12                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 13                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 14                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 15                        |  |                                     |                                     |  |                         |                                 |                                 |   |
| 16                        |  |                                     |                                     |  |                         |                                 |                                 |   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**EDUCATION IS FREEDOM FOUNDATION**

**04-3643313**

**Part I Types of Property**

|    | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----|-------------------------------|--|--|--|
| 1  |                               |  |  |  |
| 2  |                               |  |  |  |
| 3  |                               |  |  |  |
| 4  |                               |  |  |  |
| 5  |                               |  |  |  |
| 6  |                               |  |  |  |
| 7  |                               |  |  |  |
| 8  |                               |  |  |  |
| 9  |                               |  |  |  |
| 10 |                               |  |  |  |
| 11 |                               |  |  |  |
| 12 |                               |  |  |  |
| 13 |                               |  |  |  |
| 14 |                               |  |  |  |
| 15 |                               |  |  |  |
| 16 |                               |  |  |  |
| 17 |                               |  |  |  |
| 18 |                               |  |  |  |
| 19 |                               |  |  |  |
| 20 |                               |  |  |  |
| 21 |                               |  |  |  |
| 22 |                               |  |  |  |
| 23 |                               |  |  |  |
| 24 |                               |  |  |  |
| 25 | X                             | 12   | 235,460  | FMV  |
| 26 |                               |  |  |  |
| 27 |                               |  |  |  |
| 28 |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

**EDUCATION IS FREEDOM FOUNDATION**

**04-3643313**

**01. Committee meeting documentation (Part VI, line 8b)**

All committee meetings are documented in writing and filed with the minutes of the Board  
of Directors.

**02. Form 990 governing body review (Part VI, line 11)**

Upon completion, a copy of the 990 is provided to both the Organization's Controller as  
well as the President and CEO. The 990 is then forwarded to the Chairman of the Board of  
Directors for review and approval prior to filing the return with the Internal Revenue  
Service.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

Annual disclosure statements are not required. However what follows is an excerpt from the  
Organization's Conflict of Interest Policy:

**Persons Concerned:** This statement is directed not only to Directors and Officers, but to  
all employees who can influence the actions of EIF. For example, this would include all  
who make purchasing decisions, all persons who might be described as "Management  
Personnel," and anyone who has proprietary information concerning EIF.

**Disclosure Policy and Procedure:** Transactions with parties with whom a conflicting  
interest exists may be undertaken only if all of the following are observed:

1. The conflicting interest is fully disclosed.
2. The person with the conflict of interest is excluded from the discussion and approval  
of such transaction

Name of the organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

**04. CEO, executive director, top management comp (Part VI, line 15a)**

Compensation comparisons are usually completed on an annual basis with salary information provided by the Local Center for Non-Profit Management. Salary reviews are completed for the entire staff and are intended to be aligned with comparable positions in other Local Non-Profit and Government Agencies. The CEO's salary is also reviewed and approved by the Board Chairman.

**05. Form 990 availability to public (Part VI, line 18)**

EIF makes available its annual report, Form 990 and Audited Financial Statements on the Organization's Website. The governing documents and conflict of interest policy are available upon request. EIF makes available its annual report, Form 990 and Audited Financials on the Organization Website. The governing documents and conflict of interest policy are available upon request.

**06. Governing documents, etc, available to public (Part VI, line 19)**

Upon completion, a copy of the 990 is provided to both the Organization's Controller as well as the President and CEO. The 990 is then forwarded to the Chairman of the Board of Directors for review and approval prior to filing the Return with the Internal Revenue Service.

**07. List of other expenses (Part IX, line 24e)**

|                     |        |       |       |
|---------------------|--------|-------|-------|
| CONTRACT LABOR      | 17,359 | 2,638 | 2,173 |
| PROFESSIONAL FEES   | 64,058 | 9,736 | 8,017 |
| PROGRAM MATERIALS   | 12,053 | 1,832 | 1,509 |
| PROGRAM DEVELOPMENT | 23,994 | 9,977 | 8,216 |

Name of the organization

Employer identification number

EDUCATION IS FREEDOM FOUNDATION

04-3643313

TOTAL 117,464 24,183 19,915

08. General explanation attachment

Part 1, Line 5

Education is Freedom Foundation's full-time staff size is approximately 45 of the 68 employees; 85% of these employees work with students in schools on a full-time basis; 15% are program and support staff. The non-fulltime personnel of approximately 20 are primarily interns and intern advisors working for external organizations in 8-week summer intern programs. The number of interns fluctuates annually depending on the intern program size.