

# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2024

OMB No. 1545-0047

Open to Public Inspection

For the 2024 calendar year, or tax year beginning 2024, and ending 20 Check if applicable: C Name of organization Free Minds Book Club & Writing Workshop D Employer identification number Address change Doing business as 43-2066514 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1816 12th Street NW (202)758-0829 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Washington, DC 20009 2,716,210 X No Application pending F Name and address of principal officer: Tara Libert H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions freemindsbookclub.org Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2004 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The Organization builds community to foster personal development and systems change for incarcerated and formerly incarcerated youth and Activities & Governance adults through the literary arts, workforce development, trauma healing and peace-building. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) .......... 3 4 8 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . . . . . . 19 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . . . 6 2,593 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . . . 7b 0 **Prior Year Current Year** 8 3,053,527 2,615,716 Revenue 1,349 2,550 10 64,440 99,145 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,120,517 2,716,210 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ........ 344,523 458,414 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 1,119,315 1,246,116 Expenses 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 908,862 1,049,537 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,372,700 2,754,067 747,817 (37,857)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . . . . . . 3,905,713 4,060,201 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . . 83,216 99,917 Net assets or fund balances. Subtract line 21 from line 20 3,822,497 3,960,284 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 Tara Libert Sign Signature of officer Date Here Tara Libert, Executive Director Type or print name and title Preparer's name Preparer's signature Date PTIN Check **Paid** Tim Abercrombie 05-15-2025 Tim Abercrombie self-employed P01254858 Preparer Firm's name Abercrombie and Associates LLC Firm's EIN **Use Only** 8609 Second Avenue 507B Firm's address Phone no. Silver Spring MD 20910 301-585-5050 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	, ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		
<b>L</b>	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ı-tu		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d 252	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	x	
Dar		30		
Par	Check if Schedule O contains a response or note to any line in this Part V			
	oncon in concount o contains a response of note to any line in this i art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	x	
		<u> </u>		

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	•			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	T T	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	T T	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ľ			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	T T	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	T T	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_		
	and services provided to the payor?	t	7a 		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
	required to file Form 8282?	1 1	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	T T	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	T T	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	T T	7g 7h		37
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		/11		Х
Ü	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	T T	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	.			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	t	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		4-		
	excess parachute payment(s) during the year?		15		Х
46	If "Yes," see the instructions and file Form 4720, Schedule N.		40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				
	,				

Part VI

Se	Cuon A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
L	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71-		
•	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
S00	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
	This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		- 22	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
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.			
	Tara Libert (202)758-0829, 1816 12th Street NW, Washington, DC 20009			

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Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ated organizat	ion co	mper			ny curi	rent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1)Tara Libert	40.00								_	_
Executive Director				х				133,732	0	0
(2) Premal Dharia	2.00							_		_
Member		Х						0	0	0
(3)Jasmine Tyler	2.00							_		_
Member		Х						0	0	0
(4)David Grosso	2.00							_		_
Member		Х						0	0	0
(5) Maegan Scott	2.00							_		_
Member		Х						0	0	0
(6)Michael Frohm	<u>5.0</u> 0									
Treasurer		Х		х				0	0	0
(7)Heather Koslov	<u>5.0</u> 0							_		_
Secretary		Х		Х				0	0	0
_(8)Chris_Turner_	5.00							_	_	_
President		Х		Х				0	0	0
(9) Joseph Caleb	5.00									
Vice-President		Х		х				0	0	0
(10)										
<u>(11)</u>										
<u>(12)</u>										<u> </u>
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2024)

(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D)  Reportable compensation from the	(E) Reporta compens from rela organization	able sation ated	con	(F) ated among of other appensation the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-Mi 1099-Ni	ISC/	orgar	oir trie	
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b Subtotal	ction A .							133,732					
2 Total number of individuals (including but reportable compensation from the organiz		thos	e lis	ted	abo	ve) w	/ho	received more th	nan \$100	,000 of			1
3 Did the organization list any <b>former</b> officer, dire		-				-						Yes	No
<ul><li>employee on line 1a? If "Yes," complete Sched</li><li>For any individual listed on line 1a, is the sum of</li></ul>											3		X
organization and related organizations greater individual											4		x
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yo			-			-					5		x
Section B. Independent Contractors												'	
<ol> <li>Complete this table for your five highest compensation from the organization. Report</li> </ol>	-											tav v	oor
(A)	ort compens	ation	101 1	116 0	aici	iuai	ycai	(B)	Within the	Organiz	(C)	tax y	<i>5</i> 01.
Name and business addr								Description of service	es		Compens		
Messina Strategies LLC, 5818 Ogden (	t. Bethe	sda,	MD	20	8		Fun	draising			1	16,5	30
													-
2 Total number of independent contractors (	_					ose li	stec	d above) who	1				

43-2066514

		Check if Schedule O contains a respons	se or note to any li	ine in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a	23,388				
	b	Membership dues	-				
nts nts	C	Fundraising events 1c	+				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations					
ts, Am	e	Government grants (contributions) 1e	+				
<u>គ</u> ្គ	f	All other contributions, gifts, grants,	921,220				
Sim	'	and similar amounts not included above	1 671 102				
je je Per je	_		1,671,102				
ള	g	Noncash contributions included in lines 1a-1f	¢ 6 000				
a Co	h		\$ 6,200	2 615 716			
	h	Total. Add lines 1a-11	Business Code	2,615,716			
	20	multi-action		1 240	1 240		
Program Service Revenue		publication	900099	1,349	1,349		
	b						
	C	-					
	d						
ē _	e	All other pregram continue revenue					
₫.		All other program service revenue		1 242			
	g	Total. Add lines 2a-2f		1,349			
	3	Investment income (including dividends, interest,		00 145			00 145
		other similar amounts)	1	99,145			99,145
	4	·					
	5	Royalties					
	6-	(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
	1	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
venue		and sales expenses 7b					
		Gain or (loss)					
Other Re	1	Net gain or (loss)					
<u>ş</u>	8a	Gross income from fundraising					
Ŏ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	+				
		Less: direct expenses	0				
	1						
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	+				
	l .	Less: direct expenses 91	0				
		` '					
	10a	Gross sales of inventory, less	_				
	١.	returns and allowances	+				
	1	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory					
			Business Code				
SUC B	11a						
Miscellanous Revenue	b						
Sel.	C	All of					
Mis R		All other revenue					
		Total. Add lines 11a-11d		0 511 511		-	22 - 1 -
	12	Total revenue. See instructions		2,716,210	1,349	0	99,145

Page 10

#### 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).

360	Charle if Sahadula O contains a recognistic of			•	
	Check if Schedule O contains a response or n	· ·		(0)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	458,414	458,414		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	123,585	74,151	30,896	18,538
6	Compensation not included above to disqualified		_		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	914,462	789,035	90,057	35,370
8	Pension plan accruals and contributions (include	7,	7.52,755	20,007	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	122,477	101,901	14,207	6,369
10	Payroll taxes	85,592	71,213	9,928	4,451
11	Fees for services (nonemployees):	03,392	71,213	9,920	- I, IJI
a	Management	2 1 7 7		2 100	
b	Legal	3,177		3,177	
C	Accounting	35,679		35,679	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	571,176	415,966	20,050	135,160
12	Advertising and promotion				
13	Office expenses	52,794	25,481	23,894	3,419
14	Information technology	14,220	11,831	1,650	739
15	Royalties				
16	Occupancy	113,845	94,809	13,144	5,892
17	Travel	41,603	30,271	11,243	89
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,434	33,360	1,505	569
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,972	1,972		
23	Insurance	3,861	3,212	448	201
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Books	94,494	94,494		
b	Office Equipt & Pr Supplies	31,437	26,808	3,940	689
C	Supplies, In-kind	6,200	6,200	3,540	009
d	Printing & Postage	43,645	37,671	94	5,880
	All other expenses	43,043	3/,0/1	94	3,880
	·	2 754 265	2 276 700	250 010	217 266
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	2,754,067	2,276,789	259,912	217,366
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O contain

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	833,607	1	499,007
	2	Savings and temporary cash investments	386,106	2	44,976
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	874,271	4	838,096
	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	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,571	9	12,072
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 8,996			
	b	Less: accumulated depreciation 10b 6,531	4,437	10c	2,465
	11	Investments - publicly traded securities	1,786,013	11	2,655,877
	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	7,708	15	7,708
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,905,713	16	4,060,201
	17	Accounts payable and accrued expenses	83,216	17	99,917
	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	
Š	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	83,216	26	99,917
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
200	27	Net assets without donor restrictions	2,735,525	27	2,892,157
3ala	28	Net assets with donor restrictions	1,086,972	28	1,068,127
<u>Б</u>		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,822,497	32	3,960,284
	33	Total liabilities and net assets/fund balances	3,905,713	33	4,060,201

Par	rt XI Reconciliation of Net Assets					<u> </u>
	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		2,	716,	210
2	Total expenses (must equal Part IX, column (A), line 25)	2			754,	
3	Revenue less expenses. Subtract line 2 from line 1	3			(37,	857
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,	822,	497
5	Net unrealized gains (losses) on investments	5			175,	644
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		3,	960,	284
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

# SCHEDULE A (Form 990)

# **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 301(C)(3) organization of a section 4947 (a)(1) nonexempt charitable to

2024

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	Name of the organization Employer identification number							
Free	M	Minds Book Club & Writir	ng Workshop				43-206651	4
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rga	anization is not a private foundation b	ecause it is: (For lin	nes 1 through 12, check of	nly one bo	x.)		
1		A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170(	b)(1)(A)(i)		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	)).)			
3		A hospital or a cooperative hospital	al service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).		
4		A medical research organization o	perated in conjunct	tion with a hospital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the be	enefit of a college o	r university owned or ope	erated by a	governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Comple	te Part II.)					
6		A federal, state, or local governme	-					
7	X	X An organization that normally recei	ves a substantial pa	art of its support from a g	overnment	al unit or fi	rom the general public	
	_	described in section 170(b)(1)(A)		•				
8	L	A community trust described in <b>se</b>	ction 170(b)(1)(A)(	(vi). (Complete Part II.)				
9		An agricultural research organizati				-	_	ege
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	_	university:						
10	_	An organization that normally recei receipts from activities related to its support from gross investment incoacquired by the organization after	s exempt functions, ome and unrelated b June 30, 1975. See	subject to certain except business taxable income e section 509(a)(2). (Co	tions; and (less secti mplete Pa	(2) no mor on 511 tax rt III.)	e than 33 1/3% of its ) from businesses	5
11	Ļ	An organization organized and ope	· · · · · · · · · · · · · · · · · · ·					
12		An organization organized and ope						
		one or more publicly supported or	-					3). Check
		the box on lines 12a through 12d th				•		
а		Type I. A supporting organization		•		•		ving
		the supported organization(s) t		• • • •	•	directors	or trustees of the	
		supporting organization. You	-					
b		☐ Type II. A supporting organiza	•				. , , .	-
		control or management of the s			persons tha	it control o	r manage the supporte	d
		organization(s). You must co	•					
С		☐ Type III functionally integrat		•				with,
		its supported organization(s) (	,	•	•			
d		Type III non-functionally inte	•					• •
		that is not functionally integrate	•				ent and an attentivenes	S
_		requirement (see instructions)	•				I. Toma II. Toma III	
е		Check this box if the organizati				• • •	ı, туреті, туретіі	
		functionally integrated, or Type		integrated supporting of	ganization			
f		Enter the number of supported organ Provide the following information about						• • •
g	-	<b>U</b>	· · ·	· ,				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

43-2066514 Page 2

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.)

	on A. Public Support	T.	T	1			
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		1,496,556	1,861,134	2,656,645	3,053,527	2,615,716	11,683,578
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1,496,556	1,861,134	2,656,645	3,053,527	2,615,716	11,683,578
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)						1,705,576
6	Public support. Subtract line 5 from line 4.						9,978,002
	on B. Total Support				1		T
	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4	1,496,556	1,861,134	2,656,645	3,053,527	2,615,716	11,683,578
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	4,530	21,627	38,208	64,440	99,145	227,950
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.)						11 011 500
12	Gross receipts from related activities, etc	(coo instruction	l nc)			12	11,911,528
13	First 5 years. If the Form 990 is for the o						2)(3)
13	organization, check this box and <b>stop he</b>						
Section	on C. Computation of Public Suppo				<u> </u>		· · · · · · <u> </u>
14	Public support percentage for 2024 (line			11 column (f))		14	83.77 %
15			-			15	98.66 %
16a							
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b							
	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 20	•		-			
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa					-	
	organization			•	•		_
b	10%-facts-and-circumstances test - 20						_
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			_	-		
18	Private foundation. If the organization d						
	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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						-
7a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(u) 2020	(8) 2021	(6) 2022	(a) 2020	(6) 202 1	(i) rotar
10a	Gross income from interest, dividends,						
····	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2024 (line 8		•	13, column (f))		15	%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2024 (I			-		17	%
18	Investment income percentage from 2023					18	%
19a	<b>33 1/3% support tests - 2024.</b> If the orga						
	17 is not more than 33 1/3%, check this be	=	-	-			_
b	33 1/3% support tests - 2023. If the organization						
	line 18 is not more than 33 1/3%, check this bo		_			-	
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	check this box a	and see instru	ctions

#### Part IV **Supporting Organizations**

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

	Section .	A. All	Support	ing Orga	nizations
--	-----------	--------	---------	----------	-----------

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	NO
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- FL		
_	designated in the organization's organizing document?	5b		
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
U	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, (i) individuals that are part of the chartable 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 <b>Part VI.</b></i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	-		
-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

raiti	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	115		
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <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).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ı		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b></i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V	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, 197	0 (explain in <b>Part</b> '

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	lly ir	ntegrated Type III suppor	rting organization
	(see instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line 8 amount divided by line 9 amount	10				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024		
1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2024					
а	From 2019					
b	From 2020					
С	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2024 distributable amount					
i	Carryover from 2019 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2020					
b	Excess from 2021					
С	Excess from 2022					
d	Excess from 2023					
е	Excess from 2024					

# Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

Organization type (check o	ub & Writing Workshop one):	43-2066514			
Filers of:	Section:				
Form 990 or 990-EZ	3 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	undation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundati	tion			
	501(c)(3) taxable private foundation				
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
, ,	(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See			
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					
regulations under s 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), I ved from any one contributor, during the year, total contributions of the great ant on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part 1.	Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					

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

Name of organization

Free Minds Book Club & Writing Workshop

Employer identification number

43-2066514

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1_	OVSJG  441 4th Street NW Suite 727N  Washington, DC 20001	- \$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2_	DCCAH  200 I Street SE 1400  Washington, DC 20003	- \$\$46,614	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Public Welfare Foundation  1200 U Street NW  Washington, DC 20009	_ \$\$	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Greater Washington Community Founda  1325 G Street NW Suite 480  Washington, DC 20005	\$400,000 	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	National Philanthropic Trust  165 Township Line Road Ste 1200  Jenkintown, PA 19046	_ \$116,892 _	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- _ \$	Person		

Name of organization

Free Minds Book Club & Writing Workshop

Employer identification number

43-2066514

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

Name of organization **Employer identification number** Free Minds Book Club & Writing Workshop 43-2066514 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury

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

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization Employer identification number

Free	Minds Book Club & Writing Workshop	43-2066514
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	unts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
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?	
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		torically important land area
		rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included on line 2a	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	
	the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
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 2d above satisfy the requirements of section 170(h)(4)(	В)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	bes the
	organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and based on the organization elected as permitted	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce 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 gair	n, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	\$

	, ,	, , , , , , , , , , , , , , , , , , , ,			
а	Board designated or quasi-endowment	%			
b	Permanent endowment 9	6			
С	Term endowment %				
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.			
3a	Are there endowment funds not in the pos-	session of the organization that are held and administered for the			
	organization by:			Yes	No
	(i) Unrelated organizations?		3a(i)		
	(ii) Related organizations?	3	Ba(ii)		
b	• •	<del>_</del>	3b		
4	Describe in Part XIII the intended uses of the	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				
С	Leasehold improvements	3,080		3,080	
d	Equipment	5,916		3,451	2,465
е	Other				
Total	Add lines 1a through 1e. (Column (d) must equal	Form 990 Part X line 10	Oc. column (R))		2 465

EEA

Part VII	Investments - Other Securities	d "Voc" on For	m 000 Part I	V line 11h See Fee	rm 000 Part V lina 10
	Complete if the organization answere	u res un For			
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value		Method of valuation: end-of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
_ ` '	n (b) must equal Form 990, Part X, line 12, col. (i	B))			
Part VIII	Investments - Program Related	5,,	1		
1 411 1111	Complete if the organization answere	ed "Yes" on For	m 990, Part I	V, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation:
	(a) Decomption of infocution		(2) 2001. Talas		end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	n /h) must squal Form 000 Port V line 12 and /	D))			
Part IX	n (b) must equal Form 990, Part X, line 13, col. (a Other Assets	D))			
Tartix	Complete if the organization answere	ed "Yes" on For	m 990 Part I	V line 11d See For	rm 990 Part X line 15
		Description	111 000, 1 411 1	v, iiiio 11a. 0001 01	(b) Book value
(1)	(-7 -				(4) 2001 1000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
$\overline{}$	n (b) must equal Form 990, Part X, line 15, col. (	B))			
Part X	Other Liabilities		000 D	V P 44 446 0	
	Complete if the organization answere	ea "Yes" on For	m 990, Part i	v, line The or Th. S	ee Form 990, Part X,
	line 25.				
1. (1) Fodorol i	(a) Description of liability ncome taxes	(b) Book	value		
(2)	ncome taxes				
(3)					
(4)					
(5)					
(6)		1			
(7)					
(8)					
(9)		1			
	(b) must equal Form 990, Part X, line 25, col. (B))				

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

Part				Retur	n
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	3,021,521
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	175,644		
b	Donated services and use of facilities	2b	129,667		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	305,311
3	Subtract line $2e$ from line $1$			3	2,716,210
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	2,716,210
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Ret	urn
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total expenses and losses per audited financial statements			1	2,883,734
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	129,667		
b	Prior year adjustments	2b	,		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	129,667
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,754,067
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).			5	2,754,067
Part		<u> </u>			277317007
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	ines 1k	and 2h: Part V line 4: F	Part X Ii	ine
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			αιτ / τ, ιι	
	art X, Line 2-Text in footnote regarding FIN 48 (ASC 7		ional imormation.		
	inancial Accounting Standards Board (FASB) ASC 740-10,				
docum	ented its consideration of FASB ASC 740-10 and determi	ned	that no material	unc	ertain tax
posit	ions qualify for either recognition or disclosure in t	he f	inancial stateme	ents.	The Federal Form
990,	Return of Organization Exempt from Income Tax, is subj	ect	to examination h	y th	e Internal
_					
Rever	ue Service generally for three years after it is filed	١.			

Schedule D (Forr	1990) (Rev. 12-2 <b>F2r4e Minds Book Club &amp; Writing Workshop</b>	43-2066514	Page <b>5</b>
Part XIII	n 990) (Rev. 12-2野建寺e Minds Book Club & Writing Workshop  Supplemental Information (continued)		
<u> </u>			

### **SCHEDULE I** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

**Open to Public** Inspection

Employer identification number

OMB No. 1545-0047

Free	e Minds Book Club & Writin	g Workshop					43-2066514	
Par	rt I General Information or	Grants and Assi	stance					
1	Does the organization maintain records	to substantiate the amo	ount of the grants or assi	stance, the grantees' eli	igibility for the grants or	assistance,		
	and the selection criteria used to award	the grants or assistance	e?					. X Yes N
	Describe in Part IV the organization's p							
Par	rt II Grants and Other Assista						"Yes" on Form 990	),
	Part IV, line 21, for any reci	pient that received n	nore than \$5,000. Par	t II can be duplicate	d if additional space		<del></del>	
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran
(1)								
(2)								
(-)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
ν-,								
(9)								
(10)								
	Enter total number of section 501(c)(3)  Enter total number of other organization	•		table			· · · · · · _	

Grants and Other Assistance t Part III can be duplicated if addit			organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
(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
Stipends to Participants	275	417,833			
t IV Supplemental Information. Pro	ovide the information re	equired in Part I. line	e 2: Part III. colum	n (b): and any other addi	tional information.
icipants meet regularly with pro	ogram staff to ensu	ure participatio	on in the progr	am	

## **SCHEDULE O** (Form 990)

(Rev. December 2024)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization **Employer identification number** Free Minds Book Club & Writing Workshop 43-2066514 01. Form 990 governing body review (Part VI, line 11) The form 990 is prepared by a CPA. It is distributed to directors and officers for review, prior to filing with the IRS. 02. Conflict of interest policy compliance (Part VI, line 12c) Each year, all officers and directors are required to disclose any potential conflicts of interest. 03. CEO, executive director, top management comp (Part VI, line 15a) The compensation of the Executive Director is reviewed annually by the Organization's Governing Body. The process consists of budget, and evaluation of performance, as well as consideration of available data on the compensation of personnel of similar organizations in the geographic area. 04. Other officer or key employee compensation (Part VI, line 15b The executive director submits a self evaluation of her performance to the executive committee of the board of directors. The executive committee reviews this document and then conducts a discussion amongst themselves (without the executive director present). They agree on a recommended compensation for the following year and present to the overall board their recommendation. After discussion, the recommendation is voted for approval by the board (without the executive director present) 05. Governing documents, etc, available to public (Part VI, line 19) The Organization makes required documents available upon request in accordance with IRS regulations. 06. List of other fees for services expenses (Part IX, line 11g) Non-Employee Services Facilitator/Instructor - Program (\$415,966) Non-Employee Services Facilitator/Instructor - G&A (\$20,050) Non-Employee Services Facilitator/Instructor - Fundraising (\$135,160)

# Form **8879-TE**

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

For calendar year 2024, or fiscal year beginning

, 2024, and ending

, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2024

Name of filer					EIN or SSN	
Free Minds B	Book Club & Writi	ng Workshop			43-2066514	
Name and title of offi	icer or person subject to tax					
Tara Libert,	Executive Direc	tor				
Part I Typ	pe of Return and Re	eturn Information				
3038-CP and Forn 3a, 4a, 5a, 6a, 7a, 3b, 4b, 5b, 6b, 7b	m 5330 filers may enter do , <b>8a, 9a,</b> or <b>10a</b> below, and	re using this Form 8879-TE and collars and cents. For all other for the amount on that line for the er is applicable, blank (do not enter than one line in Part I.	rms, enter who return being	ole dollars only. If the filed with this form	you check the box on was blank, then lead	on line <b>1a, 2a,</b> ave line <b>1b, 2b,</b>
1a Form 990	check here <u>x</u>	<b>b Total revenue,</b> if any (F	orm 990, Part	VIII, column (A), I	ine 12)	1b 2,716,210
2a Form 990	-EZ check here	<b>b Total revenue,</b> if any (F	orm 990-EZ, I	ine 9)		2b
3a Form 112	<b>0-POL</b> check here	<b>b Total tax</b> (Form 1120-P				3b
4a Form 990	-PF check here	b Tax based on investment				4b
	8 check here	<b>b Balance due</b> (Form 886				5b
	I-T check here	<b>b Total tax</b> (Form 990-T,	,			6b
	0 check here	<b>b Total tax</b> (Form 4720, P				
	7 check here	b FMV of assets at end o	-			8b
	60 check here	b Tax due (Form 5330, Pa				
	8-CP check here L	b Amount of credit paym ature Authorization of Of				100
	perjury, I declare that	I am an officer of the above			subject to tax with	respect to (name
of entity)	porjury, r deciare triat	ram anomeer of the above				
2024 electronic ret complete. I further ntermediate servic acknowledgement	declare that the amount in ce provider, transmitter, o t of receipt or reason for re	chedules and statements, and, to n Part I above is the amount show or electronic return originator (EF ejection of the transmission, <b>(b)</b>	wn on the copy RO) to send th the reason fo	of the electronic re return to the IRS rany delay in proc	etum. I consent to a and to receive from essing the return o	allow my m the IRS <b>(a)</b> an r refund, and <b>(c)</b>
2024 electronic ret complete. I further ntermediate servic acknowledgement he date of any refi direct debit) entry retum, and the final 1-888-353-4537 no processing of the e he payment. I have electronic funds wi	declare that the amount in ce provider, transmitter, of of receipt or reason for reund. If applicable, I author to the financial institution ancial institution to debit the olater than 2 business da electronic payment of taxe e selected a personal identithdrawal.	chedules and statements, and, to a Part I above is the amount shown electronic return originator (EF ejection of the transmission, (b) rize the U.S. Treasury and its deaccount indicated in the tax prepe entry to this account. To revoke the tys prior to the payment (settlements to receive confidential information in the tax preperation of the payment (settlements).	wn on the copy RO) to send the the reason for signated Finar aration softwate a payment, I ent) date. I als tion necessary gnature for the	of the electronic reference return to the IRS rany delay in producial Agent to initial refor payment of the must contact the Uo authorize the finate to answer inquiries electronic return a	etum. I consent to a sand to receive from the return of the an electronic function the federal taxes ow and institutions invested in the sand resolve issue and, if applicable, the sand resolve issue and resolve	allow my m the IRS (a) an r refund, and (c) ds withdrawal ed on this cial Agent at volved in the es related to e consent to
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## **Statement of Program Service Accomplishments**

2024

PG01

Name(s) as shown on return

Free Minds Book Club & Writing Workshop

Your Social Security Number 43-2066514

Statement #4

### Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code

Program Service Expenses

\$2276789

Grants and allocations included in above expense

\$0

Program Services Revenue

\$0

### Explanation

During 2024, Free Minds Book Club & Writing Workshop (Organization) served 1,600 incarcerated and formerly incarcerated youths and adults through four programs: Jail Book Club - weekly book club discussions and writing workshops with incarcerated teens and adults; we served 434 members in the Jail Book Club, including 194 women and 42 youths, as well as a dedicated Spanish language book club. 71% of our members completed their weekly reading assignments and 73% completed the writing assignments. Prison Book Club - a long-distance, correspondence-based book club and writing workshop with adults incarcerated in jails and prisons across the United States; 828 members in 110 prisons across the country received 5 issues of our magazine, the Free Minds Connect, written by and for our members, and 5,674 books personally curated for them. Members wrote 2,157 letters to the office and submitted 401 original poems. Reentry Book Club - a reading, writing, and job readiness program that includes wraparound case management and job and school placements for formerly incarcerated youths and adults; served 319 members in the Reentry Book Club, with over 160 members joining weekly virtual book club and writing workshop sessions and support groups. 97% of members were employed, in school, or in vocational training programs and only 8% recidivated. On the Same Page - a community education program in which formerly incarcerated Reentry Book Club members share poetry and personal experiences with diverse audiences to bring greater awareness of the systemic causes and impact of mass incarceration and to build a multi-racial movement working together on solutions and repairing harm. We conducted 115 On the Same Page sessions with schools, corporate workplaces, and with community groups, led by 67 reentry members known as "Poet Ambassadors." Throughout 2024, Free Minds members continued to lift one another up, using the power of literature and community to heal and pursue their personal and professional aspirations. Free Minds launched the Leadership and Learning Program, designed by Free Minds members to provide culturally competent training in group facilitation, restorative justice, digital literacy, public speaking, Black history, and movement building. 149 members participated in its first year, gaining practical work experience in roles such as book club facilitators, peer supporters, advocates, youth mentors, and program specialists. Participants also received wraparound support from Free Minds staff to ensure they had the resources needed to thrive and advance in their careers. Free Minds' impact was recognized through our selection to the prestigious Kennedy Center Culture Caucus, a dynamic cohort of DC-based cultural leaders, organized by the Social Impact department at the Kennedy Center.