			EXTENDED TO MAY 15, 2									
	Ω	00	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047						
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
Dee		made public.	Open to Public									
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection						
Α	For th	e 2023 calend	ar year, or tax year beginning $ m JUL1$, 2023 and e	nding J	UN 30, 2024							
в	Check if applicat	C Name of	organization		D Employer identification	tion number						
_	Addr		RE CHARTER SCHOOL WILMINGTON INC									
	chan		LISINGS AS		46-5680913	2						
F	chan Initial returr			Room/suite	E Telephone number	<u> </u>						
	Final	201	WEST 14TH STREET	10011/30110	267-583-44	458						
	termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,162,232.						
	Amer	WILM	INGTON, DE 19801		H(a) Is this a group retu							
	Appli tion pend		nd address of principal officer: CLINT WALKER		for subordinates?	Yes X No						
	-	SAME	AS C ABOVE		H(b) Are all subordinates inclu							
			X $501(c)(3)$ 501(c) () (insert no.) 4947(a)(1) or	r 🛄 527	If "No," attach a lis							
	Webs		://FREIREWILMINGTON.ORG		H(c) Group exemption r							
		f organization:	X Corporation Trust Association Other	L Year	of formation: 2013 M S	state of legal domicile: DE						
P	art I			DOANT	ZAMTONIC MIC							
e	1	Briefly describ	e the organization's mission or most significant activities: THE O A COLLEGE-PREPARATORY LEARNING EX	PERTE	NCE WITH A FO	OCUS ON						
Activities & Governance	2	Check this bo										
ver	3				3 3	14						
Ğ	4			13								
s S	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2023 (Part V, line 2a)			0						
/itie	6		of volunteers (estimate if necessary)		14							
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.						
٩			business taxable income from Form 990-T, Part I, line 11			0.						
					Prior Year	Current Year						
Ð	8	Contributions	and grants (Part VIII, line 1h)		2,288,263.	3,472,139.						
enu	9	Program servi	ce revenue (Part VIII, line 2g)		7,371,142.	7,690,093.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,659,405.	11,162,232.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		5,000.	9,000.						
	14	-	to or for members (Part IX, column (A), line 4)		0.							
Expenses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		6,425,028.	5,985,123.						
ens	16a	Professional f	ng expenses (Part IX, column (A), line 5-10) ng expenses (Part IX, column (A), line 11e)	·····	0.	0.						
Ă	b				4,794,778.	5,151,589.						
	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)		11,224,806.	11,145,712.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1,565,401.	16,520.						
L N	19	neveriue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		21,498,420.	22,647,787.						
Assi	20		(Part X, line 26)		30,075,797.	31,208,644.						
Net,	22		fund balances. Subtract line 21 from line 20		-8,577,377.	-8,560,857.						
	art II				.,							
Und	ler pen	_	declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my k	nowledge and belief, it is						

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer Date									
-	CLINT WALKER, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	DALE R UMBENHAUER CPA			self-employed P00223628						
Preparer	Firm's name MAILLIE LLP			Firm's EIN 23-1518888						
Use Only	Firm's address PO BOX 11847									
	WILMINGTON, DE 19	850-1847		Phone no. (302)324-0780						
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) FREIRE CHA	ARTER SCHOOL WI	LMINGTON I	NC 4	46-5680913	Page 2
Iu	Check if Schedule O contains a response	•				
1	Briefly describe the organization's mission:	se of note to any line in this r				
•	THE ORGANIZATION'S MISSION	SION IS TO PROV	IDE A COLLI	EGE-PREPAR	ATORY	
	LEARNING EXPERIENCE WIT					
	THINKING, AND PROGLEM S					
	VALUES OF COMMUNITY, TE					
2	Did the organization undertake any significant					
			•		Yes	X No
	If "Yes," describe these new services on Sch					
3	Did the organization cease conducting, or ma		w it conducts, any pro	ogram services?	Yes	X No
	If "Yes," describe these changes on Schedule		, , , ,			
4	Describe the organization's program service a		its three largest prog	ram services, as m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations		• • •		• •	
	revenue, if any, for each program service repo		C C			
4a		.,642. including grants of \$	9,0	000.) (Revenue \$	7,690,0)93.)
	FREIRE CHARTER SCHOOL W	ILMINGTON PROV				<u> </u>
	SAFE, CREATIVE, AND SUE	PORTIVE ENVIRC	NMENT THAT	ENABLES A	ND INSPIRES	3
	ALL STUDENST TO ACHIEVE	. WE SERVE AF	PROXIMATELY	Y 400 STUI	DENTS IN GRA	ADES
	8-12.					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	3)
						`
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	\$)
4d	Other program services (Describe on Schedul	e O.)				
	(Expenses \$ include	ling grants of \$) (Revenue	e \$)	
4e	Total program service expenses	9,614,642.				
					Form 99	0 (2023)
33200	02 12-21-23					
		0000 05060 -	2			0 1

14330306 759479 35989 2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

Form	aan	(2023)
гопп	990	120231

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	X	
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	•		х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ũ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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?			v
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		<u>л</u>
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		х	
•	Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10	1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

3

332003 12-21-23

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989__1

Form 990 (2	2023)	FREIRE	CHARTER	SCHOOL	WILMINGTON	INC
Part IV	Checklist of R	equired Sc	hedules (cont	inued)		

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	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	x	
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	24a		x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d	"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		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
	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
ł	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30	- 11	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2004	12-21-23	Form	990	(2023)
30	4 306 759479 35989 2023.05060 FREIRE CHARTER SCHOOL WILMI	359	989	1

023)	FREIRE	CHARTER	SCHOOL	WILMINGTON	INC
Statements F	Regarding C	ther IRS Fili	ngs and Ta	ax Compliance (co	ntinued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
3a		3a 3b		X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x						
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X						
С 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50								
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00								
~	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a								
b 10		9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A									
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:	-								
	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1								
	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 yearN/A 12b									
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? ${ m N/A}$	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand			v						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17								
	If "Yes," complete Form 6069.									
33200	5 12-21-23	Form	9 90	(2023)						

332005 12-21-23

Form 990 (2023)

Part V

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

5

Form 990	(2023)
----------	--------

14

FREIRE CHARTER SCHOOL WILMINGTON INC

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

Section A. Governing Body and Management

Х

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

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13							
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?									
3										
	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 9			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)							
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	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 bod	y befo	ore filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	on Schedule O how this was done			12c	х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	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 arrange	ment	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 evalua									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga									
	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 NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 99	0-T (section 501(c)(3)s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	on Se	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, ar	nd finar	ncial					
	statements available to the public during the tax year.									
20										
	NATHAN YUFER, CPA - 570-660-1830									
	1617 JFK BLVD, SUITE 1260, PHILADELPHIA, PA 19103									
332006	12-21-23			Form	990	(2023)				
	6			o = -		-				
330	306 759479 35989 2023.05060 FREIRE CHARTER	SC	HOOL WILMI	359	189	1				

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.

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average Position					then		Reportable	Reportable	Estimated
	hours per	box, unless persor			rson i	on is both an		compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Jal tru	onal		ploye	ee m		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
(1) MADELINE WECKEL	40.00	트	트	Б	Ϋ́ε	Ξъ	2			
HEAD OF SCHOOL				x				130,998.	0.	37,493.
(2) NATHAN MOSER	40.00									
DIRECTOR		x						76,731.	Ο.	29,535.
(3) KATE BAYARD	1.00									
DIRECTOR		X						0.	0.	0.
(4) LISSA BRUTUS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SHEELA DATTANI	1.00									-
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JOHN KANE	1.00									
TREASURER	1 00	X		X				0.	0.	0.
(7) JILIAN MACKENZIE	1.00									<u> </u>
DIRECTOR	1 00	X						0.	0.	0.
(8) ROBERT MANSELL	1.00							0	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(9) CHENELLE MCQUEEN	1.00							0.	0.	0
DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID SINGLETON	1.00	x		x				0.	0.	0.
SECRETARY	1.00	^		^				0.	0.	0.
(11) DAVID TUMINARO DIRECTOR	1.00	x						0.	0.	0.
(12) CLINT WALKER	1.00	^						0.	0.	0.
PRESIDENT	1.00	x		x				0.	0.	0.
(13) KHALIAH WALKER	1.00							0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(14) NATE DURANT	1.00									
EX OFFICIO		x		x				0.	0.	0.
(15) NATHAN WILL	1.00								•••	
DIRECTOR		x						0.	Ο.	0.

7

332007 12-21-23

Form **990** (2023)

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

	RE CHARTER	SCF	IOC)L	WI	ĽЬМ	I	NGTON INC	46-56	5809	913	Page 8
Part VII Section A. Officers, Directo	ors, Trustees, Key Em	ploy	ees,	and	d Hig	ghes	t C	Compensated Employe	es (continued)			
(A) Name and title	Name and title Average hours per week off							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n	Estir amo ot	F) nated unt of her ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fror organ and r	n the lization elated zations
				_	-							
1b Subtotal								207,729.		0.	67	,028.
c Total from continuation sheets to d Total (add lines 1b and 1c)	o Part VII, Section A							0.207,729.		0.		0.
2 Total number of individuals (includ compensation from the organization	ing but not limited to th								,000 of reportabl	e		1
9											Y	es No
3 Did the organization list any forme line 1a? If "Yes," complete Schedu				•	-			phest compensated emp			3	x
4 For any individual listed on line 1a, and related organizations greater t	han \$150,000? If "Yes	" со	mple	ete S	Sche	edule	Jt	for such individual			4	x
5 Did any person listed on line 1a red rendered to the organization? If "Y	-				-			-			5	x
Section B. Independent Contractors												
1 Complete this table for your five hi		-								ipensa	ation fro	m
the organization. Report compensation.	(A) (A) Dusiness address			ig w	///// 0			(B) Description of s		C	(C) ompens	ation
GGA CONSTRUCTION, 11	30 INDUSTRI	AL	DR	RIV	/Е,	,		· · ·			•	,594.
SUITE 22, MIDDLETOWN, DE 19709CONSTRUCTION COMPANYFREIRE SCHOOLS COLLABORATIVE, 1617 JFKCHARTER SUPPORT												
	BOULEVARD SUITE 580, PHILADELPHIA, PA SERVICES								933	,496.		
	LEHANE'S BUS SERVICE, 1705 NEW CASTLE STUDENT AVENUE, NEW CASTLE, DE 19720 TRANSPORTATION							ON		486	,039.	
QUALITY CARE CLEANIN 33 BROWNING CIRCLE,		DE	2 1	.97	709)		CUSTODIAL SE	RVICES			,277.
STAYING CONNECTED LL 39 BROOKSIDE DR., WI		E 1	98	804	Ļ		_ I	STUDENT TRANSPORTATI	ON		184	,895.
2 Total number of independent cont \$100,000 of compensation from the		not lir	niteo	d to	thos 13		tec	above) who received n	nore than			

332008 12-21-23

Form **990** (2023)

Pa	rt V	/11									
			Check if Schedule O c	onta	ins a resp	onse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a						
		b	Membership dues		1b						
An (С	Fundraising events		1c						
Gif İlar			Related organizations								
Sins,			Government grants (contri		· · · · · · · · · · · · · · · · · · ·		2,435,569.				
er (f	All other contributions, gifts, g								
Oth			similar amounts not included			•	1,036,570.				
bu		-	Noncash contributions included in					2 472 120			
<u>a O</u>		n	Total. Add lines 1a-1f					3,472,139.			
n.	_	_	STATE SUBSIDIES				Business Code 611110	4 893 507	1 893 507		
vice	2	a b	LOCAL SCHOOL DISTRIC	יד יחי	UNDING		611110	4,893,507. 2,712,103.	4,893,507. 2,712,103.		
Ser			ALL OTHER PROGRAM SE			IIIE	611110	84,483.	84,483.		
ner ever		d					011110	01,103.	01,103.		
Program Service Revenue		e									
Pro		f	All other program service r	even	nue						
			Total. Add lines 2a-2f					7,690,093.			
	3		Investment income (includ								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
					(i) Rea	.1	(ii) Personal				
	6	а	Gross rents	6a							
				6b							
				6c							
			Net rental income or (loss)	·····							
	7	а	Gross amount from sales of	_ +	(i) Securi	ties	(ii) Other				
				7a							
ē		D	Less: cost or other basis	76							
Revenue		~		7b 7c							
Sev			Net gain or (loss)								
e			Gross income from fundraisin								
Gth	Ŭ		including \$		-						
			contributions reported on								
			Part IV, line 18		,	8a					
		b	Less: direct expenses								
		С	Net income or (loss) from f	undr	aising eve	nts					
	9	а	Gross income from gaming	g act	ivities. See	e					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from g			s					
	10	а	Gross sales of inventory, le								
			and allowances								
			Less: cost of goods sold 10t		· · · · · · · · · · · · · · · · · · ·						
		С	Net income or (loss) from s	sales	of invento	ory	Business Code				
sno	44	~					Busiliess Coue				
nec	11	a b									
scellaneo Revenue		D C									
Miscellaneous Revenue		-	All other revenue								<u> </u>
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					11,162,232.	7,690,093.	0.	0
33200	9 12	-21		-							Form 990 (2023

FREIRE CHARTER SCHOOL WILMINGTON INC

332009 12-21-23

Form 990 (2023)

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989__1

46-5680913 Page 9

Part IX Statement of Functional Expenses

FREIRE CHARTER SCHOOL WILMINGTON INC

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

Do	not include amounts reported on lines 6b,	(A)	(B) Drogrom convice	(C)	(D) Eurodraining
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,000.	9,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	207,729.	186,956.	20,773.	
~	trustees, and key employees	201,129.	100,950.	20,113.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	3,121,652.	3,121,652.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,141,054.	5,121,052.		
5	section 401(k) and 403(b) employer contributions)	765,303.	688,773.	76,530.	
9	Other employee benefits	1,644,563.	1,489,660.	154,903.	
0	Payroll taxes	245,876.	221,653.	24,223.	
1	Fees for services (nonemployees):				
a		863,830.	716,979.	86,383.	60,468
b	· · · ·	26,648.		26,648.	
с	Accounting	101,926.		101,926.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	323,737.	317,210.	6,527.	
2	Advertising and promotion	161,871.	161,871.		
3	Office expenses	38,714.	10,538.	28,176.	
4	Information technology	204,909.	107,800.	97,109.	
5	Royalties	909 262	C00 005	26.260	
6	Occupancy	727,363.	690,995.	36,368.	
7	Travel	8,157.		8,157.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1 ว	Payments to affiliates Depreciation, depletion, and amortization	467,966.	467,966.		
2 3		172,231.	207,500.	172,231.	
3 4	Other expenses. Itemize expenses not covered	1/2/2011		1/1/1011	
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		826,004.	826,004.		
b	DEBT SERVICE	591,479.	-	591,479.	
c	STUDENT BODY ACTIVITY	210,281.	210,281.	· · ·	
d	APPROVED PRIVATE SCHOOL	157,500.	157,500.		
е	All other expenses	268,973.	229,804.	39,169.	
5	Total functional expenses. Add lines 1 through 24e	11,145,712.	9,614,642.	1,470,602.	60,468
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

10

14330306 759479 35989

Net Assets or Fund Balances

30

31

32

33

-10,430,314.

-8,577,377.

21,498,420.

31

32

33

6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 49,724. 43,206. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 16,866,456. basis. Complete Part VI of Schedule D _____ 10a 11,627,443. 1,669,187. 15,197,269. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 7,041,930. 5,348,791. Other assets. See Part IV, line 11 15 15 21,498,420. 22,647,787. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,029,232. 1,266,855. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 10,871,298. 13,421,274. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 17,937,644. 16,758,138. 25 of Schedule D 30,075,797. 26 31,208,644. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 1,091,190. 1,096,792. 29 29 Capital stock or trust principal, or current funds 1,775,995. 756,145. Paid-in or capital surplus, or land, building, or equipment fund 30

FREIRE CHARTER SCHOOL WILMINGTON INC

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

46-5680913 Page 11

(B)

End of year

-11,428,042.

-8,560,857.

22,647,787.

Form 990 (2023)

1,729,345.

329,176.

(A)

Beginning of year

2,759,636.

19,687.

1

2

3

4

5

1

2

3

4

6

Assets

Part X Balance Sheet

Form	990 (2023) FREIRE CHARTER SCHOOL WILMINGTON INC	46-	-5680913	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,16	2,2	32.
2	Total expenses (must equal Part IX, column (A), line 25)	11,14	5,7	12.	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8,57	7,3	77.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-8,56	0,8	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	эO.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule	0.		
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2023)

332012 12-21-23

(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
2023
Open to Public

		of the Treasury nue Service			ttach to Form 990 or Fo					Open to Public Inspection
				Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.	Employer	•
inan	le of	the organizati			COUCOT WITM		NT TNO			identification number 6-5680913
Da	rt I	Peason			A SCHOOL WILM					0-3080913
						-			15.	
1 1	l gan				(For lines 1 through 12, o on of churches describe					
2	X	-			(Attach Schedule E (Forr		, iii ii o(b)(·//~/(י)·		
3					anization described in so		<u>YHV1VAVi</u>	;;)		
4	H				njunction with a hospita				Viii) Enter	the hospital's name
-		city, and stat	•		injuniotion with a noopita					the hoopital o hame,
5		-	-	or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	oed in
Ū				Complete Part II.)						
6					mental unit described in	section 1	70(b)(1)(A)	(v).		
7			-	-	antial part of its support				the general	public described in
				omplete Part II.)		5			5	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)		ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	le or
		university:								
10		An organizati	ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11	$[\square]$	An organizati	ion organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	ion organized a	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
					ed in section 509(a)(1) c					Check the box on
					of supporting organizatio					
а					supervised, or controlled					
					egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
				complete Part IV, Se						
b				-	d or controlled in connec			-		-
			-		anization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
-				t complete Part IV,				anal from attack		
С					ig organization operated				any integration	ed with,
d		-			s). You must complete				rtod organi	ization(a)
u					porting organization oper zation generally must sa					
			-		mplete Part IV, Sections	•		-	u an allem	
е					written determination fro				II Type III	
•			•		onally integrated support			, po ., . , po	, i, i jpo iii	
f	Ente			<i>,</i> ,		0 0				
				n about the support						•
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota										
1010										

Schedule A (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC 46-5680913 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and sto						
-	ction C. Computation of Publ						
	Public support percentage for 2023 (14	%
	Public support percentage from 2022						%
16 a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the						
	and stop here. The organization qua						
17 a	10% -facts-and-circumstances tes	; t - 2023. If the org	panization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is	10% or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check thi	s box and stop h e	ere. Explain in Part	t VI how the o	rganization
	meets the facts-and-circumstances to	-		• • • •			
k	10% -facts-and-circumstances tes	s t - 2022. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line	15 is 10% or
	more, and if the organization meets t						/ the
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box		
						Schod	ule A (Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

14330306 759479 35989

FREIRE CHARTER SCHOOL WILMINGTON INC Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ſ					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	ſ					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
check this box and stop here			,	, 		,
Section C. Computation of Publ						
15 Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve	stment Incom	e Percentage)			
17 Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2023. If the						ne 17 is not
more than 33 1/3% , check this box a						
b 33 1/3% support tests - 2022. If the						%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	nstructions	
332023 12-21-23					Schedul	e A (Form 990) 2023
			15			

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

16 2023.05060 FREIRE CHARTER SCHOOL WILMI 35989 1

10b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC 46-5680913 Page 5

īα	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Vos	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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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.

Section C.	Type I	I Supporting	Organizations	

				Yes	NO
	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		or management of the supporting organization was vested in the same persons that controlled or managed			
		the supported organization(s).	1		
ζ	Ser	tion 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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

332025 12-21-23

2a

2b

За

Yes No

2

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989__1

Schedule A	(Form 990) 2023	FREIRE	CHARTER	SCHOOL	WILMINGTON	INC	46-5680913 _P	'age 6
Part V	Type III Non-Function	onally Integ	grated 509(a)	(3) Suppor	ting Organization	IS		

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

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

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

FREIRE CHARTER SCHOOL WILMINGTON INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)					
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		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 purpose	าร	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.	· · ·		6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.	0		8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
-	Excess from 2023								

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023	FREIRE	CHARTER S	SCHOOL WI	LMINGTON	INC	46-5680	913 Page
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9 art IV, Section E,	9c, 11a, 11b, and lines 1c, 2a, 2b, 3	11c; Part IV, Sec 3a, and 3b; Part V	tion B, lines 1 , line 1; Part V,	17b; Part III, lin and 2; Part IV, Section B, line	e 12; Section C,
	<u> </u>							
332028 12-21-2	3						Schedule A (Form 990) 202
	759479 3598	9	2023.050	20 60 FREIRE	E CHARTER	SCHOOL		

Schedule	В
(Form 990)	

. ,

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

	FREIRE	CHARTER	SCHOOL	WILMINGTON	INC
Organization type(che	ck one):				

46-5680913

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

46-5680913

FREIRE CHARTER SCHOOL WILMINGTON INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	FREIRE FOUNDATION 1617 JFK BOULEVARD SUITE 1260 PHILADELPHIA, PA 19103	\$951,382.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF EDUCATION PASSED THROUGH DELAWARE DEPARTMEN 401 FEDERAL ST #2 DOVER, DE 19901	\$2,185,570.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW CASTLE COUNTY GOVERNMENT 87 READS WAY NEW CASTLE, DE 19720	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
323452 12-2	6-23 22		Schedule B (Form 990) (2023

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

		\$	
(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
		\$	

Part II

(a)

No.

from

Part I

Name of organization

FREIRE CHARTER SCHOOL WILMINGTON INC

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

(b)

Description of noncash property given

Employer identification number

(d)

Date received

46-5680913

(c)

FMV (or estimate)

(See instructions.)

323453 12-26-23

23

Schedule B (Form 990) (2023)

14330306 759479 35989

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

Schedule	B (Form 990) (2023)			Page 4				
Name of o	rganization			Employer identification number				
	E CHARTER SCHOOL WILMI Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (itions to organizations described in a) through (e) and the following line er	ntry For organizations					
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 o I Il space is needed.	r less for the year. (Enter this info.	once.) •				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of g	 ift					
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(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) Des	cription of how gift is held				
	(e) Transfer of gift							
·	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of g	er of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee				
323454 12-20	6-23	24		Schedule B (Form 990) (2023)				

14330306 759479 35989 2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

14330306 759479 35989

(Form	990)
-------	------

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

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



Name of the organization

FREIRE CHARTER SCHOOL WILMINGTON INC

Employer identification number 46-5680913

Par			ds or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) F	Funds and other accounts
4	Total number at and of year			
1	Total number at end of year Aggregate value of contributions to (during year)			
2				
3 4	Aggregate value of grants from (during year)Aggregate value at end of year			
4 5	Did the organization inform all donors and donor advisors in	L	l visod funds	
5	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
			-	
Par				
1	Purpose(s) of conservation easements held by the organizat	-	, ·	
•	Preservation of land for public use (for example, recrea		of a historic:	ally important land area
	Protection of natural habitat			I historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conse	ervation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	a
b	<u> </u>			
c	Number of conservation easements on a certified historic str			
d	Number of conservation easements included on line 2c acqu		······ =	-
u	on a historic structure listed in the National Register		2	d
3	Number of conservation easements modified, transferred, re			
•	year		no organiza	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		- f	
-	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easer	ments during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statemer	nt and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that	describes the
	organization's accounting for conservation easements.		<u> </u>	
Par	t III Organizations Maintaining Collections o		Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	-		
	of art, historical treasures, or other similar assets held for pul			e of public
_	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance of	f public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical tre		al gain, pro	ovide
	the following amounts required to be reported under FASB A			•
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	S TOR FORM 990.		Schedule D (Form 990) 2023
33205	09-28-23	25		

2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

	dule D (Form 990) 2023 FREIRE t III Organizations Maintaining C	CHARTER SC Collections of A								3 Page 2
3	Using the organization's acquisition, accessi									
U	collection items (check all that apply).		13, 0100	it any of the	ionowing the	at mane 5	iginioani	030 01 113		
а	Public exhibition	d		I oan or exc	hange progra	am				
b	Scholarly research	e			nango progra					
c	Preservation for future generations									
4										
5										
	to be sold to raise funds rather than to be m		,		,				Yes	No No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			U				, ,	,	
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	r contributio	ns or other a	ssets not	included			
	on Form 990, Part X?								Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	:
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	ount liabili	ity?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	-						vaara baak	(a) Four	waara baak
		(a) Current year	(D) P	rior year	(c) Two yea	IS DACK	(a) mees	Ears Dack	(e) Four	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the cur	ront year and balance	 	a oolump (
2	Board designated or quasi-endowment	-	ا عاران عر %	g, column (a	a)) Heiu as.					
a b	Permanent endowment	%								
		%								
U	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		ation that	at are held a	ind administe	ered for th	ne			
	organization by:								Г	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								•	I
Par	t VI Land, Buildings, and Equipm	nent								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	V, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c basis (investr			: or other (other)		cumulate preciation		(d) Bool	k value
1a	Land									
	Buildings				6,362.		529,3			6,964.
	Leasehold improvements				3,270.		709,9			3,327.
	Equipment			66	6,824.	4	129,8	46.	23	6,978.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, colum	n (B))			1	5,19	7,269.

Schedule D (Form 990) 2023

Part WI Investments - Other Securities Complete if the organization answerd Yes' on form 990, Part X, line 12. (e) Method of valuation: Cost or end-of-year market value (f) Rescription of Nextify or acting to recerve secure. (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Coster/hald equity interests (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (f) (f) (f) (f) (f) (g) (g) (g) (g)	Sched	ule D (Form 990) 2023	FREIRE C	HARTER	SCHOOL	WILMI	NGTON	INC	46-5680913 _{Pag}	ge 3
(a) Description of Security of catalogity industing nerve at society. (b) Book value (c) (_	VII Investments - 0								0
(1) Francial derivatives					-					
(2) Closely held equity interests (A) (3) Other (A) (B) (A) (C) (B) (C) (C) (C) (C) (C) (C) (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) <			Ory (including name of se	ecurity)	b) Book value	(c) Method o	of valuation: C	ost or end-of-year market value	
(3) Other (3) (4) (4) (4) (5) (5) (6) (6) (7) (7) (6) (7) (8) (7) (8) (9) (8) (9) (9) (9) (9) (9) (10) (9) (9) (11) (9) (9) (22) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (10) (9) (9) (11) (9) (9) (12) (9) (9) (13) (9) (9) (14) (9) (9) (9) (9) (9) (10) (9) (9) (10) (9) (9) (10) (9) (9) (10) (9) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
(A) (B) (C) (C) (C) (C) (D)										
(B) (C) (C)		ner								
IC ID ID <										
ID ID (B) ID (F) ID (G) ID <										
(E) (B) (F) (G) (G) (G) (H)	-									
(F) (a) (b) (c) (c) (c) (c) (c)										
(G) (H) (H) (H) (F) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (G) (H) (H)	-									
(h) Total. (Col. (b) must equal form 390, Part X, line 12, col. (B). Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (a) Description of investment (b) Book value (c) Method Sector (6) (c) Other Assets (c) Other Assets (c) Description Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (c) Description (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. 18, 695. (4) (c) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (6) (c) Method (b) must equal Form 990, Part X, line 15, col. (B) (b) Book value (7) (c) Securitito of ilability (c) Book value <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-									
Total: (club: (b) must equal Form 980, Part X, line 12, col. (8)) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Mathod of valuation: Cost or end-of year market value (1) (a) (b) Book value (c) Mathod of valuation: Cost or end-of year market value (c) (c) Mathod of valuation: Cost or end-of year market value (c) (c) Mathod of valuation: Cost or end-of year market value (c)										
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (10) (a) (c) (c) (c) (10) (c) (c) (c) (c) (10) (c) (c) (c) (c) (10) (c) (c) (c) (c) (c) (11) (c) (c) (c) (c) (c) (c) (11) (c)		Col. (b) must equal Form 990,	, Part X, line 12, col. (B))						
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (3) (4) (5) (4) (6) (6) (7) (7) (7) (8) (9) (9) (9) (1) Defection answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 669, 671. (b) Book value (6) (6) (6) (7) (9) (6) (9) (9) (9) (9) (1) Other Labilities (b) Book value (b) Book value (1) Peterstion Liability (b) Book value (b) Book value (10) (1) Other Labilities (b) Book value (c) Description of liability (b) Book value (1) (1) Other Labilities (1) Other Labilities (1) Other Labilities (1) Other Labilities										
(1) (2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) DEFERSED (1) (1) DEFERRED (1) DEFERRED (1) DEFERRED (1) DEFERRED (2) DEFERRED (1) DEFERRED (2) DEFERRED (3) (1) (4) (1) (5) (2) (6) (3) (6) (4) (7) (1) (8) (2) (9) (3) (1) Deferer (1) Description of liability (1) Federal income taxes (1) Federal income taxes (2) Nether Description of liability (1) Federal income taxes (2) Nether Description of liability (1) Federal income taxes (2) Nether Description of liability				"Yes" on Fo	rm 990, Part IV	/, line 11c. S	ee Form 99	90, Part X, line	9 13.	
(2) (3) (4) (4) (5) (5) (6) (7) (7) (7) (8) (9) (9) (10) (11) Description (12) DEFERRED OUTFLOWS - PENSION (12) DEFERRED OUTFLOWS - PENSION (13) DEFERRED OUTFLOWS - OPEB (14) (15) (15) (16) (16) (17) (17) (18) (18) (18) (19) (18) (10) (11) (11) DEFERRED INFLOWS - OPEB (12) DEFERRED INFLOWS - OPEB (13) GECURITY DEPOSIT (14) (17) (15) (18) (16) (17) (17) (18) (19) (11) (10) Description of liability (11) Federal income taxes (2) NET (2) NET (31) DEFERRED INFLOWS - OPEB (4) DEFERR		(a) Description of i	nvestment		b) Book value	(c) Method o	of valuation: C	ost or end-of-year market value	
(9) (4) (6) (5) (7) (8) (9) (9) Total. (Col. (b) must equal form 990, Part X, line 13, col. (B)) (9) (9) (9) (1) DEFERRED OUTFLOWS - PENSION (1) DEFERRED OUTFLOWS - OPEB (3) SECURITY DEPOSIT (6) 18, 695. (7) 18, 695. (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 566. (5) DEFE LIABILITY 10, 530, 254. (6) (7)<	(1)									
(4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (9) Part XI Other Assets (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (6) (6) (7) (6) (9) (1) Deferment of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) (c) (c) (c) (a) Description of liability (b) Book value (c) (c) (c) (c) Book value (1) Federal income taxes (c) (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - OPEB 4, 102, 868. (a) DEFERRED INFLOWS - PENSION 51, 564. (b) OPEB LIABILITY 10, 530, 254. (c) (c)	(2)									
(5) (6) (7) (7) (8) (9) (9) (10) must equal Form 990, Part X, line 13, col. (8)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (4) (6) (5) (6) (6) (7) (7) (8) (9) (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (c) (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 554. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (7) (10, 530, 254. (6) (5) OPEB (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4	(3)									
(6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (b) Book value (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (4) (6) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Feart X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes 2, 073, 452. (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - PENSION 51, 5564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (7) (9) (9) (1) EFERRED INFLOWS - PENSION (1) DEFERRED INFLOWS - PENSION 51, 5564. <	(4)									
(7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (a) Description (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (4) (9) (6) (7) (7) (9) (9) (1, 0) must equal Form 990, Part X, line 15, col. (B) (9) (9) (1) Federal income taxes (9) (1) Federal income taxes (9) (1) Federal income taxes (2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - OPEB 4, 102, 868. (1) Federal income taxes (9) (2) NET FENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (10, 530, 254. (6) (7) (10, 530, 254. (6) (7) (10, 530, 254.	(5)									
(8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) (a) Description (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (4) (b) Book value (7) (c) (a) Description (c) (b) Book value (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (e) (c) (f) (c) (g) (c) (h) Every Book value (c) (g) (c) (h) Every Book value (c) <t< td=""><td>(6)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(6)									
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (6) (6) (7) (8) (9) 5, 348, 791. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes 2, 073, 452. (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) (9) 16, 758, 138. 2 0 DEFERRED INFLOWS - PENSION	(7)									
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (a) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (a) SECURITY DEPOSIT 18, 695. (4) 18, 695. (5) (6) (7) (8) (9) 5, 348, 791. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes 2, 073, 452. (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) 10, 530, 254. (6) 16, 758, 138. (7) 16, 758, 138. </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-									
Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION (2) DEFERRED OUTFLOWS - OPEB (3) SECURITY DEPOSIT (3) SECURITY DEPOSIT (6) (7) (6) (7) (8) (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (c) (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) D10, 530, 254. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) <										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1, 660, 671. (2) DEFERRED OUTFLOWS - OPEB 3, 669, 425. (3) SECURITY DEPOSIT 18, 695. (4) (6) (7) (8) (9) 5, 348, 791. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (c) 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) (b) Book value 51, 564. (5) OPEB LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB (6) (7) (10, 530, 254. (6) (7) (10, 530, 254. (6) (7) (10, 530, 254. (6) (7) (10, 758, 138. (7) (6) (7) (6) (7) (6) (6) (7) (8) (2) LIABILITY (2, 758, 138.	_		, Part X, line 13, col. (B))						
(a) Description (b) Book value (1) DEFERRED OUTFLOWS - PENSION 1,660,671. (2) DEFERRED OUTFLOWS - OPEB 3,669,425. (3) SECURITY DEPOSIT 18,695. (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (c) Book value (1) Federal income taxes (b) Book value (c) Book value (1) Federal INFLOWS - OPEB 4,102,868. 4,102,868. (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 51,564 . (5) OPEB LIABILITY 10,530,254 . (6) (7) (6) (7) (8) (9) 10,758,138 . (2) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138 . (2) (9) Total. (Column (b) must eq	Part		nization anoward		m 000 Dart IV	line 11d C		0 Dart V line	15	
(1) DEFERRED OUTFLOWS - PENSION 1,660,671. (2) DEFERRED OUTFLOWS - OPEB 3,669,425. (3) SECURITY DEPOSIT 18,695. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) (9) 16,758,138. (9) 16,758,138. (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Complete il the orga	anization answered			, ine 110. S	ee Form 9	90, Part A, Ilrie		
(2) DEFERRED OUTFLOWS - OPEB 3,669,425. (3) SECURITY DEPOSIT 18,695. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (b) Book value (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				ption					/1
(3) SECURITY DEPOSIT 18,695. (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
(5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) (9) 16, 758, 138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		DICORTI DIR	0011						10,05	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16, 758, 138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
(7) (8) (9) 5,348,791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (1) Federal income taxes (b) Book value (1) Federal income taxes 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (6) (7) (8) 16,758,138. (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16, 758, 138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Fart X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) NET PENSION LIABILITY (3) DEFERRED INFLOWS - OPEB (4) DEFERRED INFLOWS - PENSION (5) OPEB LIABILITY (6) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16, 758, 138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 5, 348, 791. Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes 2, 073, 452. (2) NET PENSION LIABILITY 2, 073, 452. (3) DEFERRED INFLOWS - OPEB 4, 102, 868. (4) DEFERRED INFLOWS - PENSION 51, 564. (5) OPEB LIABILITY 10, 530, 254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16, 758, 138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	-									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (6) (7) (8) (9) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(Column (b) must equal Fo	rm 990, Part X, line	15, col. (B))					5,348,79	91.
1. (a) Description of liability (b) Book value (1) Federal income taxes 2,073,452. (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) - (7) - (8) - (9) - Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part	X Other Liabilities	S							
(1) Federal income taxes (2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Complete if the orga	anization answered	"Yes" on Fo	rm 990, Part IV	/, line 11e or	11f. See F	orm 990, Parl	X, line 25.	
(2) NET PENSION LIABILITY 2,073,452. (3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	(a) De	scription of liability						(b) Book value	
(3) DEFERRED INFLOWS - OPEB 4,102,868. (4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (6) (7) (8) (9) (7) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)									_
(4) DEFERRED INFLOWS - PENSION 51,564. (5) OPEB LIABILITY 10,530,254. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)									
(5) OPEB LIABILITY 10,530,254. (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)									
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				ISION						
(7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)	OPEB LIABILI	ΓY						10,530,25	94.
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))										
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 16,758,138. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the										
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(<u>)</u>	000 5 5 5 5	05 1 5					16 750 17	0
	-									• • •
		•					-		· · ·	

Sche	dule D (Form 990) 2023 FREIRE CHARTER SCHOOL V	VILMINGTON INC	46-	5680913 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	11,162,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			11,162,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			11,162,232.
Da				
га	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expension	ses per Retu	ırn
га	rt XII Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, li		ses per Retu	
1		ne 12a.		urn
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a. 		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 2a 2b 2c		
1 2 b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ne 12a. 2a 2b 2c 2d	1	11,145,712.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ne 12a. 2a 2b 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ne 12a. 2a 2b 2c 2d	1	11,145,712.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ne 12a.	1	11,145,712.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ne 12a. 2a 2b 2c 2d 2d	1	11,145,712.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ne 12a.	1	11,145,712. 0. 11,145,712. 0.
1 2 3 4 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ne 12a.	1 	11,145,712.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ne 12a.	1 	11,145,712. 0. 11,145,712. 0.

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

SC	SCHEDULE E	Schools OME					
(Fo	rm 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, o Form 990-EZ, Part VI, line 48.	r	20	23	;	
	ment of the Treasury Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	c		pen to Public Inspection		
Name	e of the organizatio	n	Employer iden	tificati	on nu	mber	
		FREIRE CHARTER SCHOOL WILMINGTON INC	46-5	<u>;680</u>	913		
Pa	rtl				-		
					YES	NO	
1		tion have a racially nondiscriminatory policy toward students by statement in its charter,					
		erning instrument, or in a resolution of its governing body?		1	Х		
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc			x		
•	•	ther written communications with the public dealing with student admissions, programs, and	l scholarships?	2			
3	•	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet mes during its tax year in a manner reasonably expected to be noticed by visitors to the					
		bugh newspaper or broadcast media during the period of solicitation for students, or during t	he				
		if it has no solicitation program, in a way that makes the policy known to all parts of the gen					
	•	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х		
		ARTER SCHOOL WILMINGTON VALUES DIVERSITY AND S		_			
	STUDENTS	FROM DIVERSE BACKGROUNDS. FREIRE CHARTER SCHOO)L				
		N DOES NOT DISCRIMINATE ON THE BASIS OF RACE,					
		EXUAL ORIENTATION, RELIGION, ETHNIC ORIGIN, OF					
	DISABILIT	Y IN ITS ADMISSIONS POLICY.					
4	Does the organiza	tion maintain the following?					
		y the racial composition of the student body, faculty, and administrative staff?		4a	X		
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina	atory basis?	4b	X	<u> </u>	
с		ogues, brochures, announcements, and other written communications to the public dealing			x		
		ssions, programs, and scholarships?		4c	A X		
a		rial used by the organization or on its behalf to solicit contributions?		4d	л	-	
	ii you answered ii	No" to any of the above, please explain. If you need more space, use Part II.					
5	Does the organiza	tion discriminate by race in any way with respect to:					
		r privileges?		5a		X	
		95?		5b		X	
с	Employment of fac	culty or administrative staff?		5c		X	
d	Scholarships or ot	her financial assistance?		5d		X	
		es?		5e		X	
				5f		X	
		?		5g		X	
h		lar activities?		5h		X	
	If you answered "	es" to any of the above, please explain. If you need more space, use Part II.					
6 -	Doop the arrest-	tion reading any financial aid or accietance from a reverse stal access of		6-	x		
		tion receive any financial aid or assistance from a governmental agency?		6a 6b	~	x	
a		on's right to such aid ever been revoked or suspended?		6b			
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through					
'		75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering					
		nation? If "No," explain on Part II		7	х		
			<u></u>	<u> </u>		<u> </u>	

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

Schedule E (Form 990) 2023

LHA 332061 10-25-23

14330306 759479 35989

Schedule E (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC 46-5680913 Page 2

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL RECEIVES VARIOUS GRANTS FROM THE FEDERAL DEPARTMENT OF

EDUCATION TO SUPPORT THE SCHOOL'S LOW INCOME STUDENTS, TO SUPPORT THE

SCHOOL'S STUDENTS WITH DISABILITIES, TO IMPROVE TEACHER DEVELOPMENT, AND

TO SUPPORT AFTER SCHOOL PROGRAMMING.

14330306 759479 35989

332062 10-25-23

30 2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2
		Compensated Employees		Ľυ	Ľυ)
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio		Employer id			mber
		FREIRE CHARTER SCHOOL WILMINGTON INC	46-5	68091	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	onal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la dia sta subista di Star		-			
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	Ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	a committee Image: Written employment contract compensation consultant Image: Compensation survey or study				
	X Form 990 of o		committoo			
			Johnnillee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
						X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
_		n 53.4958-6(c)?				
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)) 2023

Schedule J (Form 990) 2023

46-5680913

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MADELINE WECKEL	(i)	130,998.		0.	30,405.	7,088.	168,491.	0.	
HEAD OF SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-5680913

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

INDIVIDUAL FREEDOM, CRITICAL THINKING, AND PROBLEM SOLVING IN AN

ENVIRONMENT THAT EMPHASIZES THE VALUES OF COMMUNITY, TEAMWORK, AND

FREIRE CHARTER SCHOOL WILMINGTON INC

COMMITMENT TO PEACE.

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

A DRAFT OF FORM 990 IS CIRCULATED TO THE BOARD OF DIRECTORS FOR REVIEW

PRIOR TO A REGULARLY SCHEDULED BOARD MEETING. QUESTIONS, COMMENTS, AND

REVISIONS ARE ADDRESSED. A FINAL DRAFT IS PRESENTED TO THE BOARD OF

DIRECTORS FOR FORMAL REVIEW AND APPROVAL AT THE SUBSEQUENT BOARD MEETING.

UPON APPROVAL, THE FORM 990 IS ELECTRONICALLY FILED.

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

THE SCHOOL GENERALLY REFRAINS FROM ENGAGING IN ANY ACTIVITY WITH AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST. BOARD MEMBERS ARE REQUIRED TO COMPLETE A DISCLOSURE FORM WHEN JOINING THE BOARD. ANY BOARD MEMBER WITH AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST WILL RECUSE THEMSELVES PRIOR TO ANY VOTE.

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

THE HEAD OF SCHOOL'S SALARY IS DETERMINED BY THE BOARD PRESIDENT. THE BOARD PRESIDENT WORKS WITH THE SCHOOL'S CHARTER MANAGEMENT ORGANIZATION TO DETERMINE FAIR AND REASONABLE COMPENSATION. THE FULL BOARD OF DIRECTORS ALSO PERFORMS AN ANNUAL EVALUATION OF THE HEAD OF SCHOOL.

FORM	990,	PART	VI,	SECTION	C,	LINE	19:
------	------	------	-----	---------	----	------	-----

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

ALL SUCH DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

332211 11-14-23

I HA

Name of the organization

FREIRE CHARTER SCHOOL WILMINGTON INC

Page 2 Employer identification number 46-5680913

FORM 990, PART XII, LINE 2C:

THERE HAVE NOT BEEN ANY CHANGES FROM THE PRIOR YEAR.

FORM 990, PART V, LINE 1A

FORM 1096 AND 1099'S ARE FILED UNDER A SEPARATE EIN (EIN#51-6000279)

FORM 990, PART V, LINE 2A

FORM W-3 AND W-2'S ARE FILED UNDER A SEPARATE EIN (EIN#51-6000279)

332212 11-14-23

Schedule O (Form 990) 2023 35 2023.05060 FREIRE CHARTER SCHOOL WILMI 35989_1

14330306 759479 35989

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

46-5680913

Name of the exception

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

Name of the organization

FREIRE CHARTER SCHOOL WILMINGTON INC

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
		loreigh country)			c
	1				
	-				
	4				
	1				
	4				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
FREIRE SCHOOLS COLLAORATIVE							
1617 JKF BOULEVARD SUITE 580	CHARTER SCHOOL SUPPORT						
PHILADELPHIA, PA 19103	SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A		х
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC

46-5680913 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomir (related	(e) nant income unrelated, rom tax under	Share	(f) e of total come	(g) Share of end-of-year assets		(h) Disproporti allocatior		(i) Code V-UB amount in bo 20 of Schedu	BI G box ⁿ	(j) General o managing partner?	(k Percer owner	(k) centage nership
		foreign country)		sections	512-514)			d5	5615	Yes	No	K-1 (Form 10	065) Y			
	_															
	_															
	-															
	-															
														_		
	-															
t IV Identification of Related O organizations treated as a c	rganizations Taxable corporation or trust duri	as a Corpo	bration or Trust. (year.	Complete if	the organizat	tion ans	wered "Ye	s" on Fc	orm 990, F	Part IV,	line 3	4, because it	had o	ne or r	nore rel	lat
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i) Sect	i) tion
Name, address, and of related organizati	EIN	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity		Type of (C corp, s or tru	S corp,	Share c inco			Share of end-of-year assets	Perc own	entage Iership	512(b	o)(13 olle
				country)				151)			_	235615			Yes	N
																i i
																-

Schedule R (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
с	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I.	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	nis line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREIRE SCHOOOL COLLABORATIVE	м	863,830.	CONTRACT AGREEMENT
<u>(2)</u>			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2023 FREIRE CHARTER SCHOOL WILMINGTON INC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	II sec. (3) ?	(f) Share of total income	(H Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or F ging er?	(k) Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No		Yes	No	(101111003)	Yes I	NO	

Schedule R (Form 990) 2023

	(Form 990) 2023
Part VII	Supplementa

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

32165 09-28-23			Schedule R (Form 990)
	40	ER SCHOOL	