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

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

2025

Department of the Treasury
Internal Revenue Service

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

Name of filer

FINDING FREEDOM THROUGH FRIENDSHIP, INC.

EIN or SSN

27-1270425

Name and title of officer or person subject to tax **JODY GREENLEE
EXEC DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>247,649.</u>
2a Form 990-EZ check here ...	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or _____ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **KRING RAY FARLEY & RIDDLE PSC** to enter my PIN **70425**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

***** THIS IS NOT A FILEABLE COPY *****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61351720344

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/21/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2025) Created 5/1/25

Return of Organization Exempt From Income Tax

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

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

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

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FINDING FREEDOM THROUGH FRIENDSHIP, INC.		D Employer identification number 27-1270425
	Doing business as		E Telephone number (859) 269-4721
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1781 EASTWOOD DRIVE		G Gross receipts \$ 247,649.
	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40502		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JODY GREENLEE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: WWW.FINDING-FREEDOM-THROUGH-FRIENDSHIP.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2009	M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING RESOURCES FOR THE HOLISTIC TRANSFORMATION OF WOMEN AND CHILDREN IN ENDEMIC DEPRIVATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	212,974.	229,808.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	2,841.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,848.	15,000.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,598.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	226,420.	247,649.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	46,543.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,063.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,001.	221,198.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,001.	267,741.
19 Revenue less expenses. Subtract line 18 from line 12	58,419.	-20,092.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	285,133.	265,258.
	22 Net assets or fund balances. Subtract line 21 from line 20	858.	1,075.
		284,275.	264,183.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JODY GREENLEE, EXEC DIRECTOR Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TAMMY DOYLE FARLEY	TAMMY DOYLE FARLEY	05/21/26		P00067109
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	KRING, RAY, FARLEY & RIDDLE, PSC	61-1015031		(859) 231-0541	
	Firm's address				
	444 EAST MAIN STREET; STE 203 LEXINGTON, KY 40507				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HOLISTIC TRANSFORMATION OF WOMEN AND CHILDREN IN AREAS OF ENDEMIC POVERTY. THE ORGANIZATION SEEKS TO ALLEVIATE POVERTY BY PROVIDING SHELTER, HEALTHCARE, NUTRITION, EDUCATION, ECONOMIC SKILLS AND PSYCHOLOGICAL SUPPORT THEREBY PROMOTING LONG-TERM SUSTAINABILITY OF

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

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

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

4a (Code:) (Expenses \$ 105,880. including grants of \$ 19,716.) (Revenue \$ 98,190.) WIDOW PROGRAM (EGYPT, GUATEMALA, TAJIKISTAN, AND TANZANIA)

EMPOWERS INDIVIDUALS BY PROVIDING HEALTHCARE (MEDICAL & PHARMACEUTICAL SUPPLIES), NUTRITION (FOOD & SUPPLEMENTS), LODGING (CONSTRUCTION, RENOVATION & RENT), UTILITIES (WATER, GAS & ELECTRIC), CHILDREN'S EDUCATION (PRESCHOOL TO HIGH SCHOOL, FEES, CLOTHING, TRANSPORTATION & SUPPLIES), AND A SUSTAINABLE MICROBUSINESS. THE PROGRAM IMPACTED 224 INDIVIDUALS DURING 2025 AS FOLLOWS - CONSTRUCTED 4 NEW HOMES, PURCHASED 2 PARCELS OF LAND, RENOVATED 2 HOMES AND SECURED 4 RENTAL HOMES; ASSETS AND UTILITIES (APPLIANCES, FURNISHINGS AND OTHER CONVENIENCES) - VARIOUS HOMES RECEIVED 32 APPLIANCES AND FURNITURE ITEMS (SUCH AS REFRIGERATORS, GAS OVENS, WASHING MACHINES, WATER

4b (Code:) (Expenses \$ 45,365. including grants of \$) (Revenue \$ 42,120.) COMMUNITY DEVELOPMENT (EGYPT, GUATEMALA, DRC AND MOROCCO)

THE ORGANIZATION IMPROVES SOCIOECONOMIC CONDITIONS THROUGH MENTORSHIP, SKILL TRAINING AND MICROLOANS. THIS INCLUDES VOCATIONAL TRAINING IN SEWING, BAKING, HAIRSTYLING, COSMETICS AND OTHER RELATED FIELDS. THE ORGANIZATION ALSO PROVIDES MENTORSHIP, PERSONAL DEVELOPMENT AND BUSINESS SESSIONS. IN ADDITION, THE ORGANIZATION COLLABORATES WITH LOCAL PARTNERS TO BUILD INFRASTRUCTURE THAT PROVIDES RESIDENTS WITH ACCESS TO COMMERCIAL RESOURCES. DURING 2025, 731 INDIVIDUALS WERE IMPACTED BY THESE SERVICES. THERE WERE 87 EVENTS THROUGHOUT THE COUNTRIES SERVED.

4c (Code:) (Expenses \$ 74,284. including grants of \$ 25,232.) (Revenue \$ 68,970.) TUTORING AND EDUCATIONAL ASSISTANCE (EGYPT & GUATEMALA)

THE ORGANIZATION'S TRANSFORMATIVE AFTER-SCHOOL TUTORING PROGRAM EDUCATES LOW-INCOME CHILDREN AGES 10 - 15 IN MULTIPLE SUBJECTS. THE GOAL OF THE PROGRAM IS TO REDUCE DROPOUT RATES, ENSURE GRADE ADVANCEMENT, PROVIDE MEDICAL AND VISION CARE, AND ADDRESS EMOTIONAL BARRIERS TO LEARNING. THE PROGRAM ALSO EMPLOWERS FAMILIES BY HELPING THEM ACQUIRE SKILLS TO SUPPLEMENT THEIR INCOME FOR SELF-SUFFICIENCY.

IN 2025, A TOTAL OF 175 INDIVIDUALS WERE IMPACTED INCLUDING 104 STUDENTS, 43 PARENTS, 10 SOCIAL WORKERS, 10 TEACHERS, 4 FACILITATORS, AND 4 ADMINISTRATORS. FIELD TRIPS AND SUMMER SCHOOL SESSIONS ARE

4d Other program services (Describe on Schedule O.) (Expenses \$ 25,347. including grants of \$ 1,595.) (Revenue \$ 23,369.)

4e Total program service expenses 250,876.