

Form **8879-EO**  
Department of the Treasury  
Internal Revenue Service

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization: **FREEDOM HOUSE**  
Employer identification number: **13-1656647**

Name and title of officer:  
**MARK D. MOYER**  
**CFO**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 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	<b>39,904,249.</b>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RUBINO & COMPANY, CHARTERED** to enter my PIN **56647**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature ▶ *M D Moyer* Date ▶ 19 April 2019

#### 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.  
**5253499999**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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 ▶ *Katherine O'Donoghue CPA* Date ▶ 4/19/19

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</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	<b>C</b> Name of organization <b>FREEDOM HOUSE</b>		<b>D</b> Employer identification number <b>13-1656647</b>
	Doing business as		<b>E</b> Telephone number <b>202-296-5101</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1850 M STREET, NW 11TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>40,187,916.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		
<b>F</b> Name and address of principal officer: <b>MICHAEL J. ABRAMOWITZ</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.FREEDOMHOUSE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1941** **M** State of legal domicile: **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FREEDOM HOUSE, AN INDEPENDENT NON-GOVERNMENTAL ORGANIZATION, CHAMPIONS DEMOCRACY WORLDWIDE THROUGH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>156</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>46</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>38,680.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>32,570,112.</b>	<b>40,019,497.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>55,168.</b>	<b>89,379.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>24,742.</b>	<b>-204,627.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>32,650,022.</b>	<b>39,904,249.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>12,014,823.</b>	<b>16,331,520.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>11,674,086.</b>	<b>12,132,587.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,070,775.</b>	<b>240,107.</b>	<b>234,386.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>9,369,227.</b>	<b>10,437,869.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>33,298,243.</b>	<b>39,136,362.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-648,221.</b>	<b>767,887.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,575,576.</b>	<b>9,253,493.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,665,029.</b>	<b>4,543,013.</b>
		<b>3,910,547.</b>	<b>4,710,480.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>MARK D. MOYER, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>PATRICIA A. O'MALLEY, CPA</b>				<b>P00285909</b>
Firm's name ▶ <b>RUBINO &amp; COMPANY, CHARTERED</b>			Firm's EIN ▶ <b>52-1186096</b>		
Firm's address ▶ <b>6903 ROCKLEDGE DRIVE, SUITE 1200</b> <b>BETHESDA, MD 20817-1818</b>			Phone no. <b>301-564-3636</b>		

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

1 Briefly describe the organization's mission:
FREEDOM HOUSE, AN INDEPENDENT NON-GOVERNMENTAL ORGANIZATION, CHAMPIONS DEMOCRACY WORLDWIDE THROUGH ITS RESEARCH, EDUCATION, ADVOCACY AND ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 34,752,546. including grants of \$ 16,331,520. ) (Revenue \$ 11. )
ACTION - DURING THE REPORTING PERIOD, FREEDOM HOUSE CONTINUED TO PROVIDE TECHNICAL AND FINANCIAL RESOURCES TO CIVIL SOCIETY ORGANIZATIONS AND FRONT-LINE DEFENDERS AROUND THE WORLD IN SUPPORT OF THEIR WORK TO PROTECT FUNDAMENTAL FREEDOMS AND DEMOCRATIC SYSTEMS.

4b (Code: ) (Expenses \$ 3,126,708. including grants of \$ ) (Revenue \$ )
RESEARCH & ANALYSIS - FREEDOM HOUSE'S RESEARCH ACTIVITIES CONSIST OF COLLECTION AND ANALYSIS OF DATA, WHICH IS INTEGRATED INTO ONE OF OUR THREE ANNUAL PUBLICATIONS, EACH OF WHICH IS RELEASED TO THE PUBLIC ONCE A YEAR. THESE PUBLICATIONS ARE FREEDOM IN THE WORLD (RELEASED IN JANUARY), NATIONS IN TRANSIT (RELEASED IN APRIL) AND FREEDOM ON THE NET (RELEASED IN NOVEMBER).

4c (Code: ) (Expenses \$ 249,211. including grants of \$ ) (Revenue \$ )
ADVOCACY & EDUCATION - FREEDOM HOUSE WORKS TO EDUCATE UNITED STATES GOVERNMENT OFFICIALS AND THEIR STAFF ON KEY DEMOCRACY ISSUES AND INFORM THEIR FOREIGN POLICY DECISIONS.

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

4e Total program service expenses 38,128,465.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and excess benefit transactions.



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DOUGLAS GOOGE, CONTROLLER - 202-747-7074 1850 M STREET, NW 11TH FLOOR, WASHINGTON, DC 20036

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES H. CARTER (UNTIL 10/10/17) SECRETARY	1.00	X		X				0.	0.	0.
(2) PETER BASS TREASURER	1.00	X		X				0.	0.	0.
(3) ALISON FORTIER TRUSTEE	1.00	X						0.	0.	0.
(4) ANDY PROZES TRUSTEE	1.00	X						0.	0.	0.
(5) CAROL ADELMAN TRUSTEE	1.00	X						0.	0.	0.
(6) DAVID BIRENBAUM TRUSTEE	1.00	X						0.	0.	0.
(7) DENNIS C. BLAIR TRUSTEE	1.00	X						0.	0.	0.
(8) DOUG SCHOEN (UNTIL 10/10/17) TRUSTEE	1.00	X						0.	0.	0.
(9) FAITH MORNINGSTAR TRUSTEE	1.00	X						0.	0.	0.
(10) GOLI AMERI GOVERNANCE & ETHICS OFFICER	1.00	X		X				0.	0.	0.
(11) JEFF HIRSCHBERG TRUSTEE, ACTING CHAIRMAN	1.00	X		X				0.	0.	0.
(12) JEFFREY HERBST TRUSTEE	1.00	X						0.	0.	0.
(13) JIM KOLBE TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL PILLSBURY TRUSTEE	1.00	X						0.	0.	0.
(15) OLIN WETHINGTON TRUSTEE	1.00	X						0.	0.	0.
(16) REBECCA HAILE TRUSTEE	1.00	X						0.	0.	0.
(17) STEPHEN E. BIEGUN TRUSTEE	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN GINSBURG TRUSTEE	1.00	X					0.	0.	0.	
(19) SUSHMA PALMER TRUSTEE	1.00	X					0.	0.	0.	
(20) THEODORE MIRVIS (UNTIL 10/10/17) TRUSTEE	1.00	X					0.	0.	0.	
(21) WALTER R MEAD (UNTIL 10/10/17) TRUSTEE	1.00	X					0.	0.	0.	
(22) WILLIAM TAFT (UNTIL 10/10/17) TRUSTEE	1.00	X					0.	0.	0.	
(23) ZAINAB AL-SUWAIJ TRUSTEE	1.00	X					0.	0.	0.	
(24) PAULA DOBRIANSKY TRUSTEE	1.00	X					0.	0.	0.	
(25) ELLEN BLACKLER TRUSTEE	1.00	X					0.	0.	0.	
(26) DAVID FOGEL TRUSTEE	1.00	X					0.	0.	0.	
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							1,392,548.	0.	264,859.	
<b>d Total (add lines 1b and 1c)</b> .....							1,392,548.	0.	264,859.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MADWOLF TECHNOLOGY, 818 CONNECTICUT AVE, NW, STE #950, WASHINGTON, DC 20006	IT CONSULTING	290,041.
ELIASSON SCHAMIC CONSULTING 2829 29TH STREET, NW, WASHINGTON, DC 20008	FUNDRAISING	131,750.
VOLEXITY LLC, 11654 PLAZA AMERICA DRIVE, #774, RESTON, VA 20190	IT SECURITY	108,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JORGE QUIROGA TRUSTEE	1.00	X						0.	0.	0.
(28) JORGEN EJBOL TRUSTEE	1.00	X						0.	0.	0.
(29) MARTIN ETCHEVERS TRUSTEE	1.00	X						0.	0.	0.
(30) MAURICE PERKINS TRUSTEE	1.00	X						0.	0.	0.
(31) MONDE MUYANGWA TRUSTEE	1.00	X						0.	0.	0.
(32) ROSS LAJEUNESSE TRUSTEE	1.00	X						0.	0.	0.
(33) ROBERT KEANE TRUSTEE	1.00	X						0.	0.	0.
(34) MONICA OATHOUT TRUSTEE	1.00	X						0.	0.	0.
(35) THOMAS STAUDT TRUSTEE	1.00	X						0.	0.	0.
(36) DANIEL CALINGAERT(UNTIL 8/31/17) EXECUTIVE VICE PRESIDENT	40.00			X				163,464.	0.	23,059.
(37) MICHAEL ABRAMOWITZ PRESIDENT(FROM 2/6/17)	40.00			X				192,490.	0.	25,075.
(38) MARK MOYER (FROM 7/3/17) CFO	40.00			X				88,781.	0.	14,567.
(39) LISA DICKIESON SR VICE PRESIDENT	40.00				X			172,242.	0.	20,282.
(40) ROBERT HERMAN VP REGIONAL PROGRAMS	40.00				X			166,133.	0.	32,505.
(41) AMOURLAYE TOURE CHIEF OF PARTY	40.00					X		132,925.	0.	62,950.
(42) CARLOS PONCE PROGRAM DIRECTOR	40.00					X		118,138.	0.	28,278.
(43) VUKASIN PETROVIC SENIOR DIRECTOR	40.00					X		122,572.	0.	16,524.
(44) VANESSA TUCKER VP RESEARCH AND ANALYSIS	40.00					X		125,582.	0.	29,724.
(45) MARY MARES (UNTIL 11/30/17) DIRECTOR OF BOARD AFFAIRS	40.00					X		110,221.	0.	11,895.
Total to Part VII, Section A, line 1c								1,392,548.		264,859.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 4,173.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 855,813.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 35,206,355.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 3,953,156.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	58,088.					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 40,019,497.					
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 71,051.				71,051.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶ 229.				229.	
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		58,278.					
		<b>b</b> Less: cost or other basis and sales expenses .....	39,950.				
		<b>c</b> Gain or (loss) .....	18,328.				
	<b>d</b> Net gain or (loss) .....	▶ 18,328.				18,328.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 855,813. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 38,850.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 243,717.				
		<b>c</b> Net income or (loss) from fundraising events .....	▶ -204,867.				-204,867.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	900099	11.	11.				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....	▶ 11.						
<b>12 Total revenue.</b> See instructions. .....	▶ 39,904,249.		11.	0.	-115,259.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,828,128.	7,828,128.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,503,392.	8,503,392.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	959,522.	320,085.	574,419.	65,018.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,741,584.	5,790,806.	1,725,556.	225,222.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	426,055.	321,519.	91,186.	13,350.
<b>9</b> Other employee benefits	1,938,105.	1,398,211.	478,442.	61,452.
<b>10</b> Payroll taxes	1,067,321.	755,317.	276,793.	35,211.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	65,569.	14,805.	16,077.	34,687.
<b>c</b> Accounting	243,924.	32,050.	211,874.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	234,386.			234,386.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,525,426.	1,242,773.	282,653.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,035,538.	505,036.	498,998.	31,504.
<b>14</b> Information technology	3,480,177.	3,002,545.	477,632.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,408,160.	172,328.	1,235,832.	
<b>17</b> Travel	2,203,158.	1,999,421.	185,929.	17,808.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	364,882.	201,675.	22,622.	140,585.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,953.		3,953.	
<b>23</b> Insurance	107,082.	8,771.	98,311.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>G&amp;A ALLOCATION</b>	0.	6,031,603.	-6,243,155.	211,552.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	39,136,362.	38,128,465.	-62,878.	1,070,775.
<b>26</b> <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,704.	<b>1</b>	1,907.
	<b>2</b> Savings and temporary cash investments .....	1,351,092.	<b>2</b>	1,855,526.
	<b>3</b> Pledges and grants receivable, net .....	3,008,116.	<b>3</b>	3,348,290.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	569,418.	<b>9</b>	330,755.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 54,741.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 38,046.	<b>10c</b>	16,695.
	<b>11</b> Investments - publicly traded securities .....	3,137,731.	<b>11</b>	3,229,879.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	482,128.	<b>15</b>	470,441.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,575,576.	<b>16</b>	9,253,493.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,895,916.	<b>17</b>	1,684,842.
	<b>18</b> Grants payable .....	1,546,241.	<b>18</b>	1,693,352.
	<b>19</b> Deferred revenue .....	85,522.	<b>19</b>	49,704.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,137,350.	<b>25</b>	1,115,115.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,665,029.	<b>26</b>	4,543,013.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	971,193.	<b>27</b>	624,838.
	<b>28</b> Temporarily restricted net assets .....	939,354.	<b>28</b>	2,085,642.
	<b>29</b> Permanently restricted net assets .....	2,000,000.	<b>29</b>	2,000,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,910,547.	<b>33</b>	4,710,480.	
<b>34</b> Total liabilities and net assets/fund balances .....	8,575,576.	<b>34</b>	9,253,493.	



Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 39,904,249. Line 2: Total expenses 39,136,362. Line 3: Revenue less expenses 767,887. Line 4: Net assets at beginning 3,910,547. Line 5: Net unrealized gains 32,046. Line 10: Net assets at end 4,710,480.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (Yes). Row 3b: Required audit (Yes).

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: FREEDOM HOUSE; Employer identification number: 13-1656647

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Check box. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 99.77%; 15 Public support percentage from 2016 Schedule A, Part II, line 14 99.78%; 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization (checked); 16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

**Section B. Total Support**

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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 acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16 %

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

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
<b>2</b>	Enter 85% of line 1		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)		
<b>4</b>	Enter greater of line 2 or line 3		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10**

**MISCELLANEOUS INCOME**

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	466.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	466.													
<b>d</b> Other exempt purpose expenditures .....	39,379,613.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	39,380,079.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures		1,589.	6,231.	466.	8,286.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

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

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

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

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain, with associated dollar amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	2,123,057.	2,108,196.	2,000,000.	2,000,000.	2,000,000.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	21,813.	14,861.	108,196.		
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	100,000.				
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2,044,870.	2,123,057.	2,108,196.	2,000,000.	2,000,000.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  98.00 %
  - c** Temporarily restricted endowment  2.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		9,383.	9,383.	0.
<b>d</b> Equipment .....				
<b>e</b> Other .....		45,358.	28,663.	16,695.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				16,695.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Row 1: DEPOSITS 470,441.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Row 2: DEFERRED RENT 1,115,115.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 40,180,012 on line 1, adjusted to 39,904,249 on line 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 39,380,079 on line 1, adjusted to 39,136,362 on line 5.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED A POLICY THAT PERMITS APPROPRIATION OF EARNINGS FROM ENDOWMENT INVESTMENTS TO SUPPORT OPERATIONS; THE ANNUAL APPROPRIATION IS LIMITED TO 5% OF THE AVERAGE ENDOWMENT BALANCE.

PART X, LINE 2:

THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

**Part XIII** Supplemental Information (continued)

PRIVATE FOUNDATION.

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL AND DISTRICT OF COLUMBIA JURISDICTIONS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ANNUAL EVENT EXPENSES 243,717.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ANNUAL EVENT EXPENSES 243,717.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization <b>FREEDOM HOUSE</b>	Employer identification number <b>13-1656647</b>
--	---

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	14	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	326,861.
EAST ASIA AND THE PACIFIC	0	64	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	932,450.
EUROPE	1	165	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	1,434,563.
MIDDLE EAST AND AFRICA	0	25	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	1,422,080.
NORTH AMERICA	0	19	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	47,650.
RUSSIA AND NEIGHBORING STATES	3	106	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	1,210,605.
SOUTH AMERICA	1	68	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	839,509.
SOUTH ASIA	0	20	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	548,018.
<b>3 a</b> Sub-total .....	6	481			6,761,736.
<b>b</b> Total from continuation sheets to Part I .....	5	126			1,835,296.
<b>c Totals</b> (add lines 3a and 3b) .....	11	607			8,597,032.

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

Schedule F (Form 990) 2017

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	126	GRANTS TO RECIPIENTS	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	1,835,296.
<b>Totals</b> .....	5	126			1,835,296.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,350.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,150.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,677.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **194**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,460.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	38,748.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,859.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	27,003.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	19,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,955.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,750.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,650.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,800.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,900.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,190.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	16,755.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,800.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,240.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	11,902.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	33,350.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,063.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,063.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,063.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,264.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,316.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	117,815.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	50,833.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,676.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	56,786.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,300.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	21,311.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,714.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	45,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	76,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	24,967.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	155,211.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,171.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	559,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	70,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	108,214.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	16,716.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	19,951.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	25,688.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	43,750.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	50,200.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,200.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,030.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,860.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,518.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	21,456.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,150.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,050.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	16,999.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	11,677.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	62,593.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,461.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,259.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,750.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	18,909.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,235.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,920.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,021.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	53,471.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	21,175.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	19,528.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	13,500.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,932.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,966.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,481.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	86,483.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	18,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,950.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,300.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,250.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,990.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	96,389.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	40,040.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	22,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	24,857.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	21,895.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,350.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,341.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,000.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	192,235.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	106,982.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,600.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,170.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,300.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,793.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	19,955.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,497.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,466.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	16,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,880.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,800.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,013.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,050.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,920.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,100.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,400.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	16,680.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,816.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	131,758.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	82,680.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,264.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	66,323.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	31,290.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	54,956.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	66,083.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	79,680.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	38,752.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	38,982.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,068.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,465.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	28,526.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	36,548.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,720.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,113.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,184.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	32,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,989.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,989.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,950.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	29,989.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	42,914.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,000.	WIRE TRANSFER	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	13	84,289.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	20	140,308.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	12	118,000.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	77	487,707.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	3	20,700.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN,	60	378,237.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	7	40,000.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	29	197,048.	WIRE TRANSFER	0.		
SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	19	117,559.	WIRE TRANSFER	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**GRANTEES SUBMIT TO US PERIODIC FINANCIAL REPORTS (MONTHLY OR QUARTERLY) AND RECEIPTS. FINANCE STAFF THEN REVIEW THOSE DOCUMENTS TO ENSURE THAT THEY SUBSTANTIATE THE EXPENDITURES AS STATED IN THE REPORTS AND MAY RAISE ADDITIONAL QUESTIONS AND REQUEST DOCUMENTATION AS WE DEEM NECESSARY. IN ADDITION, OUR PROGRAM STAFF STAY IN CLOSE CONTACT WITH THE GRANTEES TO ENSURE THAT THEY ARE IN COMPLIANCE WITH THEIR PROGRAMMATIC REQUIREMENTS AND FUNDS ARE SPENT IN ACCORDANCE WITH THE AGREEMENTS.**

**PART VI, LINE 6**

**THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.**

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for KAREN ANCILLAI OF ANCILLAI SOLUTIONS LLC, EVENT MANAGEMENT GROUP, INC., HARVEST FUNDRAISING COUNSEL, INC., and ELIASSON SCHAMIS CONSULTING.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1 ANNUAL DINNER, (b) Event #2, (c) Other events NONE, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: KAREN ANCILLAI OF ANCILLAI SOLUTIONS LLC

(I) ADDRESS OF FUNDRAISER: 1115 7TH STREET NE, WASHINGTON, DC 20002

(II) ACTIVITY: PROVIDED PROFESSIONAL COUNSEL ON DEVELOPMENT OFFICE POLICIES

(I) NAME OF FUNDRAISER: EVENT MANAGEMENT GROUP, INC.

(I) ADDRESS OF FUNDRAISER:  
411 EAST 83RD STREET, SUITE 3F, NEW YORK, NY 10028

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: HARVEST FUNDRAISING COUNSEL, INC.

(I) ADDRESS OF FUNDRAISER: 82 COLONIAL DRIVE, NEWTOWN, PA 18940

(I) NAME OF FUNDRAISER: ELIASSON SCHAMIS CONSULTING

(I) ADDRESS OF FUNDRAISER: 2829 29TH ST. NW, WASHINGTON, DC 20008

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: FREEDOM HOUSE; Employer identification number: 13-1656647

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include AMERICAN BAR ASSOCIATION, INTERNATIONAL CENTER FOR NOT-FOR-PROFIT LAW, CREATING RESOURCES FOR EMPOWERMENT AND ACTION, INC, CIVICUS WORLD ALLIANCE FOR CITIZEN PARTICIPATION, SEARCH FOR COMMON GROUND, and BOAT PEOPLE SOS, INC.

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

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

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNEWS 876 7TH STREET ARCATA, CA 95521	94-3027961	501C(3)	602,621.	0.			SUPPORTING HUMAN RIGHTS, DEMOCRATIC INITIATIVES AND/OR RULE OF LAW
PRIVATE AGENCIES COOPERATING TOGETHER, INC - 924 WEST END AVE - NEW YORK, NY 10025	13-2702768	501C(3)	360,890.	0.			SUPPORTING HUMAN RIGHTS, DEMOCRATIC INITIATIVES AND/OR RULE OF LAW
THE CARTER CENTER ONE COPENHILL, 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501C(3)	1,108,972.	0.			SUPPORTING HUMAN RIGHTS, DEMOCRATIC INITIATIVES AND/OR RULE OF LAW
OUTRIGHT 80 MAIDEN LANE NEW YORK, NY 10038	94-3139952	501C(3)	46,626.	0.			SUPPORTING HUMAN RIGHTS, DEMOCRATIC INITIATIVES AND/OR RULE OF LAW
SALAM PEACE AND JUSTICE INSTITUTE 1029 POPLAR DR FALLS CHURCH, VA 22046	56-2455292	501C(3)	31,560.	0.			SUPPORTING HUMAN RIGHTS, DEMOCRATIC INITIATIVES AND/OR RULE OF LAW

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES SUBMIT TO US PERIODIC FINANCIAL REPORTS (MONTHLY OR QUARTERLY) AND RECEIPTS. FINANCE STAFF THEN REVIEW THOSE DOCUMENTS TO ENSURE THAT THEY SUBSTANTIATE THE EXPENDITURES AS STATED IN THE REPORTS AND MAY RAISE ADDITIONAL QUESTIONS AND REQUEST DOCUMENTATION AS WE DEEM NECESSARY. IN ADDITION, OUR PROGRAM STAFF STAY IN CLOSE CONTACT WITH THE GRANTEES TO ENSURE THAT THEY ARE IN COMPLIANCE WITH THEIR PROGRAMMATIC REQUIREMENTS AND FUNDS ARE SPENT IN ACCORDANCE WITH THE AGREEMENTS.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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 related organization:

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

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

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

- 5a The organization?
5b Any related organization?
If "Yes" on line 5a 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 compensation contingent on the net earnings of:

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows 1a-9 with 'X' marks in Yes/No columns.

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL CALINGAERT(UNTIL 8/31/17 EXECUTIVE VICE PRESIDENT	(i)	129,064.	0.	34,400.	11,926.	11,133.	186,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ABRAMOWITZ PRESIDENT(FROM 2/6/17)	(i)	192,490.	0.	0.	11,932.	13,143.	217,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA DICKIESON SR VICE PRESIDENT	(i)	172,242.	0.	0.	17,598.	2,684.	192,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT HERMAN VP REGIONAL PROGRAMS	(i)	166,133.	0.	0.	14,960.	17,545.	198,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMOURLAYE TOURE CHIEF OF PARTY	(i)	132,925.	0.	0.	0.	62,950.	195,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VANESSA TUCKER VP RESEARCH AND ANALYSIS	(i)	125,582.	0.	0.	13,405.	16,319.	155,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 4A:

DANIEL CALINGAERT RECEIVED \$34,400 AS SEVERANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **FREEDOM HOUSE** Employer identification number: **13-1656647**

Part I	Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded		X	2	58,088.	FAIR MARKET VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( )					
26	Other ( )					
27	Other ( )					
28	Other ( )					

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

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

ITS RESEARCH, EDUCATION, ADVOCACY AND ACTION.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELGIUM, UNITED KINGDOM, SOUTH AFRICA, KAZAKHSTAN,

KENYA, UGANDA, UKRAINE, VENEZUELA,

LITHUANIA, HONDURAS, TANZANIA, CONGO, DEM REP

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

A COPY OF THE 990 IS SENT TO ALL MEMBERS OF THE GOVERNING BODY AND THEY ARE  
ASKED TO REVIEW IT AND CONTACT THE MANAGEMENT TEAM WITH ANY QUESTIONS PRIOR  
TO THE SUBMISSION DEADLINE.

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

ALL EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY WHEN  
THEY ARE HIRED, AS PART OF ONBOARDING. THE POLICY IS CONTAINED IN THE  
EMPLOYEE HANDBOOK. EMPLOYEES SIGN A STATEMENT ANNUALLY IN WHICH THEY EITHER  
DISCLOSE ANY CONFLICTS OR CERTIFY THAT THERE ARE NO CONFLICTS THAT NEED TO  
BE BROUGHT TO THE ATTENTION OF THE ORGANIZATION.

ALL BOARD OF TRUSTEES MEMBERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST  
POLICY WHEN THEY JOIN THE BOARD AS PART OF THEIR ORIENTATION AND ARE ASKED  
TO SIGN THE STATEMENT AND DISCLOSE CONFLICTS, IF ANY. FOLLOWING THE INITIAL  
SIGNING AND VETTING OF THE DISCLOSURES, IF ANY, THE TRUSTEES ARE ON NOTICE  
TO BRING FORTH ANY CONFLICTS TO THE ATTENTION OF THE BOARD'S GOVERNANCE AND  
ETHICS OFFICER WHO WILL REVIEW THE MATTER AND RECOMMEND TO THE BOARD

Name of the organization <b>FREEDOM HOUSE</b>	Employer identification number <b>13-1656647</b>
--	---

**EXECUTIVE COMMITTEE A COURSE OF ACTION.**

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

**BASED ON A RECOMMENDATION FROM THE BOARD COMMITTEE ON GOVERNANCE AND ETHICS, THE FULL BOARD OF TRUSTEES ACTS ANNUALLY TO DETERMINE THE COMPENSATION OF THE PRESIDENT. FURTHER, AS PART OF THE ANNUAL EVALUATION PROCESS FOR THE PRESIDENT, AND TO ENSURE COMPLIANCE WITH SECTION 4958 OF THE INTERNAL REVENUE CODE ( WHICH IMPOSES PENALTIES ON NGO'S THAT PROVIDE EXCESSIVE COMPENSATION TO CEO'S ), FREEDOM HOUSE IS OBLIGATED TO EXAMINE SALARIES OF CHIEF EXECUTIVES OF SIMILAR ORGANIZATIONS. COMPENSATION FOR OTHER SENIOR OFFICIALS IS DETERMINED BY THE PRESIDENT, AS PART OF AN ANNUAL PERFORMANCE REVIEW PROCESS CONDUCTED FOR ALL EMPLOYEES. THE PROCESS FOR THIS REVIEW IS OVERSEEN BY THE BOARD'S COMMITTEE ON GOVERNANCE AND ETHICS.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:**

**AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MS,MN,MO MT,NC,ND,NE,NJ,NH,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY**

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

**FREEDOM HOUSE'S FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE. HOWEVER, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE INTERNAL DOCUMENTS AND ARE NOT AVAILABLE TO THE PUBLIC.**

**FORM 990, PART XII, LINE 2C**

**FREEDOM HOUSE HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT AND THE SELECTION OF THE AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 9,253,493; D Employer identification number 13-1656647; E Unrelated business activity codes 900099; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity: DISALLOWED FRINGE BENEFITS; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of DOUGLAS GOOGE, CONTROLLER Telephone number 202-747-7074

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income (See instructions; attach schedule) STATEMENT 1; 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (attach schedule); 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13; 31 Net operating loss deduction (limited to the amount on line 30); 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30; 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions); 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40) with amount 8,123.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (41a-41e), Total credits (41e), Total tax (44) with amount 8,123, Total payments (46) with amount 11,050, Tax due (48), and Overpayment (49) with amount 2,927.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign accounts (51), foreign trusts (52), and tax-exempt interest (53).

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: PATRICIA A. O'MALLEY, CPA; Date; CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table for Paid Preparer Use Only. Fields include Preparer's name (PATRICIA A. O'MALLEY, CPA), Preparer's signature, Date, Check self-employed, PTIN (P00285909), Firm's name (RUBINO & COMPANY, CHARTERED), Firm's EIN (52-1186096), Firm's address (BETHESDA, MD 20817-1818), and Phone no. (301-564-3636).

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2							
3	Cost of labor	3		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
b	Other costs (attach schedule)	4b							
5	<b>Total.</b> Add lines 1 through 4b	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.		0.
				0.



**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FREEDOM HOUSE

13-1656647

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

TAXABLE TRANSPORTATION FRINGE BENEFIT EXPENSES

39,680.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

39,680.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 2

NAME OF COUNTRY

BELGIUM  
UNITED KINGDOM  
SOUTH AFRICA  
KAZAKHSTAN  
KENYA  
UGANDA  
UKRAINE  
VENEZUELA  
LITHUANIA  
HONDURAS  
TANZANIA  
CONGO, DEM REP

Form **8868**  
(Rev. January 2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>FREEDOM HOUSE</b>	Employer identification number (EIN) or <b>13-1656647</b>
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>1850 M STREET, NW 11TH FLOOR</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DOUGLAS GOOGE, CONTROLLER**

• The books are in the care of ► **1850 M STREET, NW 11TH FLOOR - WASHINGTON, DC 20036**  
Telephone No. ► **202-747-7074** Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2017)