| | Form | 990-T | E | Exempt Organization Bus | | | ax Re | turn | , | OMB N | o 1545-068 | 37 |
|---|---|---|---|---|--------------------------|-----------------------------------|----------|--|---|-----------------|----------------|-------------|
| | | (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201 | | | | | | 2019 | <i>l</i> 0 2012 | | | |
| | | | Go to www.irs.gov/Form990T for instructions and the latest information. | | | | | | | Z | n io | • |
| | | tment of the Treasury af Revenue Service | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | | | | | ı | Open to Public Inspection for 501(c)(3) Organizations Only | | | |
| | A [| | | | | me changed and see instructions) | | | D Employer identification number (Employees' trust, see instructions) | | | |
| | B E: | xempt under section | Print | FREEDOM HOUSE | | | | 1 | 13-1656647 | | | |
| | | 501(d) 3) | or Type | Number street and room or state no. If a P.O. hove see instructions | | | | Jnrela | related business activity code | | | |
| | | 408(e) 220(e) | | 1850 M STREET, NW 11TH | | | | ' | 366 11 | ist uctions | , | |
| | | 408A 530(a) 529(a) | | City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 | | | | | | | | |
| | C Boo | ok value of all assets and of year | <u> </u> | F Group exemption number (See instructions.) | | | | | | | | |
| | | | | | corporation 501(c) trust | | |] 401(a) tru | 401(a) trust Other trust | | | |
| | H En | Enter the number of the organization's unrelated trades or businesses. | | | | | | | | | | |
| | trade or business here . If only one, complete Parts I-V. If more than one, | | | | | | | | | | ŧ, | |
| | | describe the first in the blank space at the end of the previous sentence, complete Parts Lend II, complete a Schedule M for each additional trade or | | | | | | | | | | |
| | | siness, then complete | | | | . = | | | | | | |
| | | During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | | | | | | | s | _i No | |
| | | | | tifying number of the parent corporation. > | ED. | Tolopho | | > 20. | 2-747-7074 | | | |
| 1 | | | | de or Business Income | EK | (A) Income | | xpenses | | | (C) Net | |
| | ļ | Gross receipts or sale | | | ш | (77) modilic | (5) : | Apolious | | | (0) 100 | |
| | | Less returns and allow | | c Balance ▶ | 1c | | | | | | , 1 | 1 |
| | | Cost of goods sold (S | | | 2 | | 1 | | | | | |
| | | Gross profit. Subtract | | • | 3 | | | · · · · · · · · · · · · · · · · · · · | | | | <u>-</u> - |
| | 4 a | Capital gain net incom | ne (attac | h Schedule D) | 4a | | | | | | | |
| | b | Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form 4797) | 4b | | | REC | | VED | | |
| | C | c Capital loss deduction for trusts | | | | | - | | | | | |
| | | Income (loss) from a partnership or an S corporation (attach statement) | | | | | - 6 | JUL-(| 6 | 2020 | 잃 | |
| | | (· · · · · · · · · · · · · · · · · · · | | | | | m | | | | | |
| | | (| | | | | <u> </u> | OGD | FT | J 11 | - | |
| _ | _ | | | nd rents from a controlled organization (Schedule F) | 8 | | | 000 | | | <u> </u> | |
| | 10 | Exploited exempt activ | | on 501(c)(7), (9), or (17) organization (Schedule G) | 10 | | | | | | | |
| | | Advertising income (S | • | • • | 11 | | | | | | | |
| - | | Other income (See ins | | - | 12 | • | | | | | | |
| 7 | 13 | Total. Combine lines | | • | 13 | 0. | | | | | | |
| 5 | Pa | | | ot Taken Elsewhere (See instructions for | | | • | | | | | |
|) | | (Except for contributions, deductions must be directly connected with the unrelated business income) | | | | | | | | | | |
| | 14 | • | icers, di | rectors, and trustees (Schedule K) | | | | | 14 | | | |
| | 15 | Salaries and wages | | | | | | | 15 | | | |
| | 16 | Repairs and mainten | ance | | | | | | 16 | | | |
| | 17 18 | Bad debts | dulo) (c | on instructions) | | | | | 17 | | | |
| | 19 | Interest (attach sche Taxes and licenses | uule) (Si | ee ilistractions) | | | | | 18 19 | | | |
| | 20 | | ons (Se | e instructions for limitation rules) | | | | | 20 | | | |
| | 21 | Depreciation (attach | | • | | 21 | | | , | | | |
| | 22 | | | n Schedule A and elsewhere on return | | 22a | | 2 | 2b | | | |
| | 23 | Depletion | | | | | | | 23 | | | |
| | 24 | Contributions to defe | erred co | mpensation plans | | | | _3 | 24 | | | |
| | 25 | Employee benefit pro | - | | | | | <u> </u> | 25 | | | |
| | 26 | | | | | • | | 26 | | | * | |
| | 27 | Excess readership co | • | • | | | | | 27 | | | |
| | 28 | Other deductions (attach schedule) | | | | | | | 28 | | | |
| | 29 20 | Total deductions. Add lines 14 through 28 | | | | | | | | | | 0. |
| | 30 31 | rangan ang managan ang man | | | | | | | 30 | , | | 0. |
| | 31 32 | Unrelated business taxable income. Subtract line 31 from line 30 | | | | | | | 31 32 | | | 0. |
| | | 22 Onleaded business taxable income. Subtract line 3 i not line 30 | | | | | | | 16 | Form | 990-T | |
| | _5,0 | 5. 22. 10 2. 11 1 1 | upui | | | | 18 | ^) | | | つ : | (,-) |

AUG 19 2020

| Form 990-1 | (2018) FREEDOM HOUSE | 13-165 | 6647 | Page |
|------------|---|-------------------|----------------------|----------------|
| Part | III Total Unrelated Business Taxable Income | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | 0. |
| 34 | Amounts paid for disallowed fringes | | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | - |
| | lines 33 and 34 | | 36 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 38 | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | 20 | 1 1 | 1,000. |
| 00 | enter the smaller of zero or line 36 | | | 0. |
| [Part] | VI Tax Computation | | 30 | |
| | | | 00 | 0. |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | | 39 | <u> </u> |
| 40 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: | | = = | |
| | Tax rate schedule or Schedule D (Form 1041) | | 40 | |
| 41 | Proxy tax. See instructions | • | 41 | |
| 42 | Alternative minimum tax (trusts only) | | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 44 | 0. |
| Part \ | | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | | | |
| b | Other credits (see instructions) 45b | | | |
| C | General business credit, Attach Form 3800 | | | |
| đ | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | |
| е | Total credits. Add lines 45a through 45d | ļ | 45e | |
| 46 | Subtract line 45e from line 44 | | 46 | 0. |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a | ittach schedule) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | | 48 | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | 49 | 0. |
| 50 a | Payments: A 2017 overpayment credited to 2018 | | L. | |
| | 2018 estimated tax payments 50b | | | |
| | Tax deposited with Form 8868 50c | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | | |
| | Backup withholding (see instructions) 50e | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | | |
| | Other credits, adjustments, and payments: Form 2439 | | | |
| g | | 11,513. | | |
| | | 1 , 513. | | 11 512 |
| 51 | • • | - | 31 | 11,513. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 52 58 | |
| | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | CS . | - | 11 [12 |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 37 | 54 | <u>11,513.</u> |
| 55 | | unded NO | 55 | 11,513. |
| | II Statements Regarding Certain Activities and Other Information (see Instruc | | | т |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | here > | | | - |
| 57 | During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a fore | ign trust? | | |
| | If "Yes," see instructions for other forms the organization may have to file. | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$ | | | |
| ٥. | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bicorrect, and complete. Pecifician of people (other than taxpayer) is based on all information of which preparer has any knowledge | est of my knowled | ge and belief, it is | s true, |
| Sign | A series of the | | y the IRS discuss | |
| Here | 13/1- 06-90-20 CFO | | preparer shown | |
| | Signature of officer Date Title | | | Yes No |
| | Print/Type preparer's name Preparer's signature Date C | Check If | PTIN | |
| Paid | | self- employed | | |
| Prepa | WAY MUTTIC ODA | | P0140 | 04047 |
| Use C | THE THE COMPANY CONTRACTOR | | 186096 | |
| USE C | 6903 ROCKLEDGE DRIVE, SUITE 1200 | | | |
| _ | Firm's address ► BETHESDA, MD 20817-1818 | Phone no. 3 | 01-564- | -3636 |

A

| FREEDOM HOUSE | 13-1656647 | | |
|--|-------------|--|--|
| FORM 990-T OTHER CREDITS AND PAYMENTS | STATEMENT 1 | | |
| DESCRIPTION | AMOUNT | | |
| FRINGE BENEFIT TAX PAID | 11,513. | | |
| TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G | 11,513. | | |