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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	rthe 2	011 ca	lendar year, or tax year beginning 07-01-2011	and ending 06-30-2012		D F		
	eck if ap		C Name of organization FREEDOM HOUSE			D Emplo	yer ia	entification number
Add	ress cha	inge	Doing Business As		_	13-16 E Teleph		
☐ Nai	me chan	ge	bolling business As					
Init	ial returr	ı	Number and street (or P O box if mail is not delivered	to street address) Room/suit	te			-5101
┌ Ter	mınated		1301 CONNECTICUT AVE NW FLOOR 6			G Gross i	eceipts	s \$ 47,159,343
┌ Am	ended re	eturn	City or town, state or country, and ZIP + 4		_			
┌ App	olication	pending	WASHINGTON, DC 20036					
			F Name and address of principal officer		H(a) I	sthis a group	rotur	en for
			DAVID KRAMER			ffiliates?	recui	⊤Yes ▽ No
			1301 CONNECTICUT AVE NW FLOOR 6 WASHINGTON, DC 20036					
						re all affiliates		·
I Ta	x-exemp	ot status	▼ 501(c)(3)	947(a)(1) or		No, attaci Group exempt		t (see instructions) umber ►
	ebsite:	. ► ww	/W FREEDOMHOUSE ORG		(-)			
<u> </u>			✓ Corporation Trust Association Other ►	l	I V	- f f 10	I	M State of legal domicile NY
	rt I		mary Association Other		L Year	of formation 19	941 1	M State or legal domicile. NY
Га			escribe the organization's mission or most sign	ificant activities				
Governance	F H II A D	REEDO AS BEE NCLUD ND HU EMOCI	GH RESEARCH, EFFECTIVE ADVOCACY, AND M HOUSE SUPPORTS THE SPREAD OF FREE EN A LEADER IN IDENTIFYING THREATS TO ING FREEDOM IN THE WORLD ITS DIVERSE MAN RIGHTS DEFENDERS IN OVER 40 COURATIC GOVERNMENTS, INCLUDING THE UNIVELY ADVANCE HUMAN RIGHTS AND DEM	DOM AND DEMOCRAC' FREEDOM THROUGH I E PROGRAMS HAVE SUI NTRIES ADVOCACY A ITED STATES, TO ADO	Y THROU TS HIGH PPORTEI ND OUTI PT AND	GHOUT THE LY REGARD THE WORK REACH ARE IMPLEMENT	WOF ED AN OF C AIME	RLD FREEDOM HOUSE NALYTIC REPORTS, IVIC ACTIVISTS D AT ENCOURAGING
	2 -	heck th	nis box 🛌 if the organization discontinued its	onerations or disposed o	f more tha	an 25% of its	neta	assets
Activities &	l		of voting members of the governing body (Part			311 23 70 01 103	3	36
ξ	l		of independent voting members of the governing	•			4	36
ă	l		mber of individuals employed in calendar year 2				5	152
	l		mber of volunteers (estimate if necessary) .				6	25
	7a ⊤	otal unr	related business revenue from Part VIII, colum	nn (C), line 12			7a	0
	ьN	et unre	lated business taxable income from Form 990-	T, line 34			7b	0
						Prior Year		Current Year
٥.	8	Contril	butions and grants (Part VIII, line 1h)			41,394,346		45,392,369
Ĭ.	9	_	ım service revenue (Part VIII, line 2g)				0	0
Revenue	10		ment income (Part VIII, column (A), lines 3, 4		82,05			-16,717
ш.	11		revenue (Part VIII, column (A), lines 5, 6d, 8c			-27,	951	-126,004
	12		revenue—add lines 8 through 11 (must equal Pa			41,448,	447	45,249,648
	13		s and similar amounts paid (Part IX, column (A)			21,625,	680	23,313,874
	14	Benefit	ts paid to or for members (Part IX, column (A),	line 4)			0	0
	15		es, other compensation, employee benefits (Pai	t IX, column (A), lines				
Expenses		5-10)				8,975,	_	9,297,113
ক্	16a		sional fundraising fees (Part IX, column (A), lin			35,	826	169,956
五	Ь		ndraising expenses (Part IX, column (D), line 25) 226,8					
	17		expenses (Part IX, column (A), lines 11a-11d	•		10,813,		10,278,270
	18		expenses Add lines 13–17 (must equal Part I)			41,450,		43,059,213
<u></u>	19	Keveni	ue less expenses Subtract line 18 from line 12		Rogin	ning of Curre	810	2,190,435
Not Assets or Fund Balances					Degin	Year		End of Year
SSS Baka	20	Totala	assets (Part X, line 16)			9,922,	321	15,144,537
정말	21	Total I	ıabılıtıes (Part X, lıne 26)			3,849,	962	7,019,192
žΞ	22	Net as	sets or fund balances Subtract line 21 from lir	ne 20		6,072,	359	8,125,345
	rt II		ature Block					
know	ledge ai ledge.	****	erjury, I declare that I have examined this return, in f, it is true, correct, and complete. Declaration of p ** sture of officer					
Here			D KRAMER PRESIDENT					
			or print name and title					
Paid Pren:	arer's	Preparer signature	YONG ZHANG CPA	Se	heck if elf- mployed •	Preparer (see inst P012497	ruction	ayer identification number s)
Use (ıf self-en	mployed), MCGLADREY LLP			EIN 🕨 42	2-0714	325
	-···· y	address,	and ZIP + 4 8000 TOWERS CRESCENT DR STE 500			Phone no) b /	703) 336-6400
			VIENNA, VA 221826205			rione no	- F (<u>, </u>
Mavt	he IRS	discus	ss this return with the preparer shown above? (s	see instructions)				▼ Yes

Par		of Program Service	_		I		F
1	Briefly describe the	organization's mission					
WOR TO T RESP OF C FREE OF A	LD FREEDOM IS PO HEIR OWN PEOPLE, PECT FOR THE RIGH OMMITTED AND CC DOM IS DENIED OR LL PEOPLE TO BE FI	DEPENDENT NONGOVE SSIBLE ONLY IN DEMOG THE RULE OF LAW PRE TS OF MINORITIES AND URAGEOUS MEN AND V UNDER THREAT AND W REE FREEDOM HOUSE F S, ADVOCACY AND ACT	CRATIC PC VAILS AND VOMEN, A VOMEN WE VE STAND I	LITICAL SYSTEMS FREEDOMS OF EXF ARE GUARANTEED I SUPPORT NONVIO N OPPOSITION TO	IN WHICH THE GOVRESSION, ASSOCIFREEDOM ULTIMAT LENT CIVIC INITIA IDEAS AND FORCE	/ERNMENTS A ATION, AND E ELY DEPENDS ATIVES IN SO S THAT CHAL	RE ACCOUNTABLE BELIEF, AS WELL AS ON THE ACTIONS CIETIES WHERE LENGE THE RIGHT
2	the prior Form 990 c	undertake any significant r 990-EZ?			er which were not list		es 🔽 No
	·	ese new services on Sche					
3	services?			nt changes in how it c	onducts, any program		es 🔽 No
	If "Yes," describe th	ese changes on Schedule	0				
4	expenses Section 5	tation's program service a 01(c)(3) and 501(c)(4) one to others, the total exp	rganızatıon	s and section 4947 (a)(1) trusts are requi	ed to report th	
4a	HUMAN RIGHTS AND DI OF SUPPORT, FROM ST ENGAGEMENT FREEDO ORGANIZATIONS WITH TERM STRATEGIC PLAN) (Expenses \$ RIGHTS AND RULE OF LAW IN Z EMOCRACY ACTIVISTS IN ZIMBA RATEGIC PLANNING SESSIONS M HOUSE FACILITATES AN AVER THE NECESSARY SKILLS TO OP S THE PROJECT INCLUDES A L TO SUPPORT LOCAL ZIMBABWE	IMBABWESING ABWE WE COO TO TRAINING RAGE OF 70 W ERATE EFFECT ARGE SUBAWA	DPERATE WITH UPWARDS IN THE MANAGEMENT OF ORKSHOPS AND STRATEG IVELY, MAINTAIN THE SEC IRD TO ANOTHER US IMPL	OF 60 CIVIL SOCIETY OR GRASSROOTS CAMPAIGN: IC RETREATS A YEAR TO CURITY AND SAFETY OF T	NGTHEN THE TECH GANIZATIONS AND S AND THE PROMO EQUIP LOCAL CIVI HEIR MEMBERS, A	PROVIDE A BROAD RANGE TION OF CITIZEN L SOCIETY ND FORMULATE LONG-
4b	(Code) (Expenses \$	6,922,834	ıncludıng grants of \$	3,903,978) (Re	evenue \$	<u> </u>
	DEMOCRACY FUNDTHIS GOVERNMENTAL CIVIC CIVIC ORGANIZATIONS AMERICAN BAR ASSOCI	GLOBAL PROGRAM WORKS TO GROUPS WORLDWIDE TO CONI AND HUMAN RIGHTS DEFENDE ATION AND GLOBAL RIGHTS, AN T COUNTRIES IN SOUTHEAST A	IMPROVE ADI DUCT EFFECTI RS THAT PROI ID SUB-RECIP	HERENCE TO HUMAN RIGH VE ADVOCACY, LEGAL SER MOTE HUMAN RIGHTS, DE IENT INTERNEWS, HAVE E	ITS STANDARDS BY STRE VICES, MONITORING ANI MOCRACY AND RULE OF EEN ACTIVE IN RESPOND	NGTHENING THE C OREPORTING BY I LAW FREEDOM HO ING TO THREATS A	NDEPENDENT MEDIA, DUSE AND ITS PARTNERS, AND CHALLENGES IN SOME
4c	(Code) (Expenses \$	3,050,132	ıncludıng grants of \$	2,736,989) (Re	evenue \$)
	INCLUDES FREEDOM HO NATIONAL DEMOCRATIO PROJECT-BY-PROJECT REGIONAL BUREAUS PI	REATED TO SUPPORT ACTIVITI DUSE (AS THE GRANT RECIPIEN INSTITUTE FOR INTERNATION BASIS THE PROGRAM MAY BE ROGRAM ACTIVITIES INCLUDE A ORKING, AND MULTI-YEAR FIE	IT), IN PARTN IAL AFFAIRS (I EXPANDED THI ASSESSMENTS,	ERSHIP WITH THE AMERIC NDI) ADDITIONAL ASSOCI ROUGH ADDITIONAL FUND RAPID RESPONSE ASSIST	CAN BAR ASSOCIATION RU ATE PARTNERS ARE INCL ING AWARDS, CALLED AS	JLE OF LAW INITIA UDED IN THE RIGH SOCIATE AWARDS	TIVE (ABA ROLI) AND THE ITS CONSORTIUM ON A , BY USAID MISSIONS AND
	RIGHTS COMMISSION ((EHRCO) DRAWING UP OF EHRC TO DISCHARC) (Expenses \$ LE OF LAW AND HUMAN RIGHTS EHRC), A GOVERNMENT INSTIT PON FREEDOM HOUSE'S EXTENS E IT'S RESPONSIBILITIES AND T NG AND REPORTING, AND SHA	UTION, AND T SIVE PROGRAM O HELP UPGR	THE COUNTRY'S LARGEST IMATIC AND TRAINING EX ADE EHRCO'S TOOLS AND	HUMAN RIGHTS NGO, TH PERIENCE, THIS INITIATI METHODS FOR INVESTIG	L ASSISTANCE TO E ETHIOPIAN HUM VE SEEKS TO STRE ATING HUMAN RIC	AN RIGHTS COUNCIL ENGTHEN THE CAPACITY SHTS ISSUES, ACHIEVING
	(Code THE RIGHT TO DEFEND) (Expenses \$ HUMAN RIGHTS IN VENEZUELA	2,369,717	including grants of \$	1,013,642) (Re	evenue \$)
	(Code OTHER PROGRAMS) (Expenses \$	17,260,061	including grants of \$	5,324,618) (Re	evenue \$)
4d	Other program serv	vices (Describe in Schedi	ule O)				

7,268,889) (Revenue \$

21,429,922 including grants of \$

42,812,402

Total program service expenses►\$

4e

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements F	Regarding Other	IRS Filings and	Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [고	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
L	return			
D		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶PE, KZ, KG, MX, KE, KU, JO, SF			
	See Instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
h	required?	7g		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by	-		
	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 36 Enter the number of voting members included in line 1a, above, who are 36 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? • . Nο 6 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 q Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Νo b 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 10b purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes **b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 Did the organization have a written whistleblower policy? 13 Yes 14 Did the organization have a written document retention and destruction policy? . 14 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 Yes 15b Yes Other officers or key employees of the organization 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Section C. Disclosure** 17 List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, 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 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V Upon request

- 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. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization OUOC NGUYEN 1301 CONNECTICUT AVE NW 6TH FLOOR WASHINGTON, DC 20036

(202) 296-5101

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

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, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		Repo compe fror organiz	D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	tion amount ted compe ons fror 99- organiz		ited fother sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	
See A	vddıtıonal Data Table													
												\top		
												+		
												+		
					_		-	<u> </u>				+		
1b	Sub-Total	to Dort VII Soo	 tion A		•	•		<u>▶</u>						
d	Total from continuation sheets Total (add lines 1b and 1c) .		tion A	•	•	•				1,190,242		0		190,784
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın					above) who	o receive		ın			<u> </u>
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy -	ee, d	or highest	t compens	ated employee			N.
4	For any individual listed on line : organization and related organization and related organization.	La, is the sum of	f report	able	com							3	Vaa	No
5	Did any person listed on line 1a	receive or accri	ie comi	- oensa	- ation	fror	n anv	- unre	lated org	anızatıon (or individual for	4	Yes	
-	services rendered to the organiz										•	5		No
Se	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	· · · · · · · · · · · · · · · · · · ·	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	IM ONE COMMUNICATIONS MOUNT VERNON AVENUE	222000 du									-DESIGNED & UPDA	TES	22poi	215,559

(A) Name and business address	(B) Description of services	(C) Compensation
FORUM ONE COMMUNICATIONS 2200 MOUNT VERNON AVENUE ALEXANDRIA, VA 22301	WEBSITE RE-DESIGNED & UPDATES	215,559
MINDSHIFT TECHNOLOGIES PO BOX 200105 PITTSBURG, PA 15251	IT NETWORK SUPPORT	166,199
2. Total number of independent contractors (including but not limited to these listed above)	who recoved more than	

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 ►2

Part v		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
粪侔	1a	Federated campaigns 1a 7,121				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b				
<u> </u>	c	Fundraising events 1c 314,600				
££	d	Related organizations 1d				
오늘	e	Government grants (contributions) 1e 40,734,566				
띃등	-					
きずっ	f	All other contributions, gifts, grants, and similar amounts not included above				
毫蒙	g	Noncash contributions included in				
투호		lines 1a-1f \$				
ರ ಕ	h	Total. Add lines 1a-1f	45,392,369			
a a		Business Code				
Ē	2a					
е ле	Ь					
σ.	_ c					
Š						
Š	d					
Ē	e					
Program Serwce Revenue	f	All other program service revenue				
Ě	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	33,051			33,051
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	4,967			4,967
		(i) Real (ii) Personal				
	6a	Gross rents (1) (1) (1) (1) (1)				
	ь	Less rental				
	້	expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount 1,689,971				
		from sales of assets other				
	_	than inventory Less cost or 1,739,739				
	Ь	other basis and				
	_c	sales expenses Gain or (loss) -49,768				
		Net gain or (loss)	-49,768			-49,768
	d 8a	ı	13,700			13,700
άu	Oa	Gross income from fundraising events (not including				
₫		\$ 314,600				
⊕ }		of contributions reported on line 1c)				
Other Revenue		See Part IV, line 18				
<u>ā</u>	ь					
듔	c	Less direct expenses b 169,956 Net income or (loss) from fundraising events b	-169,956			-169,956
~	9a	Gross income from gaming activities	_55,550			
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	OTHER INCOME 900099	38,985			38,985
	ь					
	, c					
		All other revenue				
	d	All other revenue				
	е	Total. Add lines 11a-11d	38,985			
	12	Total revenue. See Instructions	45,249,648	0	0	-142,721

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	17,880,576	17,880,576		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,433,298	5,433,298		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	531,628	403,572	118,293	9,763
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,109,722	4,638,035	1,359,482	112,205
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	329,700	250,283	73,362	6,055
9	Other employee benefits	1,713,187	1,300,521	381,203	31,463
10	Payroll taxes	612,876	465,249	136,372	11,255
11	Fees for services (non-employees)				
а	Management				
ь	Legal	120,190	16,678	96,454	7,058
С	Accounting	78,113	10,839	62,687	4,587
d	Lobbying	1,105	1,105		
e	Professional fundraising See Part IV, line 17	169,956	1,100		169,956
f	Investment management fees	103,330			103,330
g g	Other	3,221,676	2,774,331	416,991	30,354
12	Advertising and promotion	3,221,070	2,771,331	110,551	30,331
13	Office expenses	231,870	154,828	72,461	4,581
14	Information technology	311,751	225,011	86,713	27
15	Royalties	311,731	223,011	00,713	
16		1,594,933	261,138	1,333,795	
	Occupancy	, ,			12.000
17	Travel	2,749,986	2,659,001	78,976	12,009
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	506,029	423,752	5,199	77,078
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,583		88,583	
23	Insurance	89,075	9,786	79,289	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT & MAIN	160,975	114,449	46,526	
ь	STAFF TRAINING	24,334	15,254	8,955	125
c	INDIRECT RECOVERY	0	4,463,795	-4,534,839	71,044
d	FUND EXP ON LINE 8B	-169,956			-169,956
e					_
f	All other expenses	1,269,606	1,310,901	109,450	-150,745
25	Total functional expenses. Add lines 1 through 24f	43,059,213	42,812,402	19,952	226,859
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the	,,	,,		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 41,540 1,983 1 1 4.096.371 4.542.578 2 2 Savings and temporary cash investments 3 4,344,974 6,601,884 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 260,119 9 302.334 Prepaid expenses and deferred charges 1,114,358 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 815,997 b Less accumulated depreciation 386,944 10c 298,361 672,321 11 3,285,855 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 120,052 15 15 111,542 9,922,321 15,144,537 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,263,126 17 4,335,863 17 Accounts payable and accrued expenses . 18 18 19 2,320,123 19 2,385,648 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 266,713 25 297,681 D 26 3,849,962 26 7,019,192 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,889,001 27 2,898,201 Unrestricted net assets 1,183,358 28 3,227,144 28 Temporarily restricted net assets Fund 29 2,000,000 29 2,000,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 6.072.359 33 8.125.345 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 9.922.321 15, 144, 537

-(-	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45 2	249,648
2	Total expenses (must equal Part IX, column (A), line 25)	2			59,213
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	.90,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,0	72,359
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.37,449
6		6		8,1	.25,345
Par	The triangle of the contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	·	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both	sued			
_	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

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As Filed Data -

DLN: 93493126012293

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Inspection

wame	OT L	ie o	rgar	ııza	tion
FREEDO	M MC	OUS	Ē		

Employer identification number

FREED	ом но	DUSE					1 ' '	
							13-1656647	
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All organizations	must complete this p	art.) See instructions	
The	rganı	zatıon ıs	not a privat	te foundation becaus	eıtıs (Forlines 1 throu	igh 11, check only one bo	x)	
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).						
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (Attach Sched	ule E)		
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organization descr	ibed in section 170(b)(1)	(A)(iii).	
4	Γ			h organization operat ity, and state	ced in conjunction with a	hospital described in sec	tion 170(b)(1)(A)(iii). E	nter the
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college or universi	ty owned or operated by a	governmental unit desc	rıbed ın
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)			
6	Γ	A feder	al, state, or	local government or	governmental unit desc	ribed in section 170(b)(1)(A)(v).	
7	⊾	describ	ed in	at normally receives (A)(vi) (Complete P	·	support from a governme	ntal unit or from the gene	eral public
8	Г	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II)		
9	Γ	An orga	anization th	at normally receives	(1) more than 331/3%	of its support from contrib	outions, membership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt functions—subjec	t to certain exceptions, a	nd (2) no more than 331,	'3% of
		ıts sup _l	port from gr	oss investment inco	me and unrelated busine	ss taxable income (less s	section 511 tax) from bu	sinesses
		acquire	d by the org	ganızatıon after June	30, 1975 See section !	509(a)(2). (Complete Par	tIII)	
10	Γ	An orga	anization or	ganized and operated	d exclusively to test for	public safety See section	509(a)(4).	
11	Γ	one or i	more public	ly supported organiz	ations described in sect orting organization and	efit of, to perform the func ion 509(a)(1) or section ! complete lines 11e throug : - Functionally integrated	509(a)(2) See section 5 gh 11h	
е	Γ	other th	_		_	rolled directly or indirectly blicly supported organizat		•
f				received a written de	etermination from the IR	S that it is a Type I, Type	II or Type III supportir	ig organizatio <u>n,</u>
			this box	2006 11			6.11	Г
g			august 17, 2 ng persons?	2006, nas the organi	zation accepted any girt	or contribution from any	ortne	
				rectly or indirectly c	ontrols, either alone or t	ogether with persons des	cribed in (ii)	Yes No
		and (III)) below, the	governing body of th	e the supported organiz	ation?	11g	(i)
		(ii) a fa	ımıly memb	er of a person descri	bed ın (ı) above?		11g((ii)
		(iii) a 3	35% control	led entity of a perso	n described in (i) or (ii) a	ibove?	11g(iii)
h		Provide	the followi	ng information about	the supported organizat	ion(s)		
	(i) Name suppo rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the US?	(vii) A mount of support?

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization in col (i) listed in your governing document?		organizat col (i) o	d you notify the Is the rganization in		organization in col (i) organized		
				instructions))	Yes	No	Yes	No	Yes	No
-										
Total										

Support Schedule for Organizations Described in IRC 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.)

	under Part III. If the ection A. Public Support	ne organization	rails to qualify u	naer the tests	listed below, ple	ase complete	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	24,177,67		33,501,334	41,394,346	45,392,369	169,003,364
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	24,177,67	5 24,537,640	33,501,334	41,394,346	45,392,369	169,003,364
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from line 4						169,003,364
	ection B. Total Support	•		,			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	24,177,675	24,537,640	33,501,334	41,394,346	45,392,369	169,003,364
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,608	105,980	43,867	33,157	38,018	344,630
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		18,657	8,794	3,798	38,985	70,234
11	Total support (Add lines 7						169,418,228
12	through 10) Gross receipts from related activi	ties, etc (See ins	tructions)			12	616
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	ion's first, second,	thırd, fourth, or f	ifth tax year as a !		
<u>S</u> 14	ection C. Computation of Pu Public Support Percentage for 203			1.1 column (f\)		144	00.750.00
14 15	Public Support Percentage for 20. Public Support Percentage for 20.	•	. ,	r r Column (f))		14	99 760 %
	33 1/3% support test—2011. If th	· ·		on line 13 and l	ine 14 is 33 1/20/	or more, check t	99 530 %
	and stop here. The organization quality 33 1/3% support test—2010. If the	ualifies as a public ne organization dic	ly supported organ I not check the box	nization on line 13 or 16		·	► ✓ check this_
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization materials.	$\mathbf{t-2011}$. If the organization meets the "	janization did not c facts and circumst	heck a box on lir ances" test, che	ck this box and st e	op here. Explain	
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organizes to the organizes of the organizes of the organizes of the organizes or the organizes of the organizes or the organizes of the organization of the organiza	anızatıon meets th	ne "facts and circui	mstances" test, o	check this box and	stop here.	
18	supported organization Private Foundation If the organizations						►□ ►□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
	Explanation						

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493126012293

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

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. ► See separate instructions.

Political Campaign and Lobbying Activities

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

- ◆ 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

the Se	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	Part I-A only s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under shave NOT filed Form 5768 (election ur s," to Form 990, Part IV, Line 5 (Pro	section 501(h)) C nder section 501(complete Part II-A Do i h)) Complete Part II-E	not co 3 Do	omplet not co	te Part II-B omplete Part	
Se Na	ction 501(c)(4), (5), or (6) organize me of the organization EDOM HOUSE	·		·			ation numbe	<u></u> r
ar	t I-A Complete if the or	ganization is exempt under s	section 501/c	13-165				
	<u> </u>	ganization's direct and indirect politic		•		\$,am2atioi	
ar	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).				
	Enter the amount of any excise	tax incurred by the organization und	er section 4955		•	\$ <u>_</u>		
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	4955	-	\$ <u>_</u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?						☐ Yes	┌ No
la	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt under s	section 501(c	c) except section	า 50	1(c)	(3).	
	Enter the amount directly expe	nded by the filing organization for sec	tion 527 exemp	t function activities	-	\$		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organizations	for section 527	F	\$ <u>_</u>		
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	nd on Form 1120	0-POL, line 17b	-	¢		
ļ	Did the filing organization file F	orm 1120-POL for this year?				Ψ_	┌ Yes	
•	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid (filing organization) funds If none, enter	n's	co dı	A mount of intributions i and promptl rectly delive	received ly and ered to a

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

silicadic C (i	on 330 or 330 tz/tott	ı age
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 ((election
	under section 501(h)).	

4	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)

	Check If the filing organization checked box	x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals	
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	1,105		
c	Total lobbying expenditures (add lines 1a and 1i	o)	1,105		
d	O ther exempt purpose expenditures		44,003,296		
e	Total exempt purpose expenditures (add lines 1	c and 1d)	44,004,401		
f	Lobbying nontaxable amount Enter the amount f	Lobbying nontaxable amount Enter the amount from the following table in both columns			
	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			
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000		
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0		

i Subtract line 1f from line 1c If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

_	Voc	N
	res	 INC

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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total						
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000						
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000						
_c	Total lobbying expenditures	17,770	1,552	2,708	1,105	23,135						
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000						
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000						
f_	Grassroots lobbying expenditures											

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)		(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
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?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493126012293

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

	me of the organization		Emp	ployer identification number
INL	LEON HOUSE		13-	1656647
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts. Complete if the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
<u> </u>	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	nor adv	rsed ∀es
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bell conferring impermissible private benefit			
Pai	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Forr	n 990, Part IV, line 7.
<u>.</u>	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure)	certifie	rically importantly land area and historic structure
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	neid at the End of the Year
b	Total acreage restricted by conservation easements	S	2b	
c	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a	, ,	2d	
	Number of conservation easements modified, transf			
;	Number of states where property subject to conserv Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, han	—— dling of	f violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	uring the year ►
,	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s durın	g the year
	▶ \$			
}	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	ction	┌ Yes
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	l state	ments that describes
ar	Complete if the organization answered		or Ot	her Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch ın fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i		•
	(i) Revenues included in Form 990, Part VIII, line	1		▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		or finan	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			▶ \$
	1.000co meradea mirorini 550, i alt A			F #

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	al Tr	easu	res, or O	<u>the</u>	Similar Ass	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th		_		_		se of its collecti	on	
а	Public exhibition		d	Γ	Loan	rexch	ange progr	ams			
b	Scholarly research		е	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	furthe	r the o	rganızatıon	's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the c	rganiz	zation			es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forco	ntrıbut	ions o	rotherass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		_				
							_	_	Amo	ount	
С	Beginning balance						-	1c			
d	Additions during the year						_	1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
	De susua a ferra a le les co	(a)Current Year 2,000,000	(b)	Prior Ye	ear 000,000	(c)Tw	o Years Back	+ ` ´		(e)Four	Years Back
1a	Beginning of year balance	2,000,000		2,0	,000,000		2,000,000	<u> </u>	2,000,000		
Ь	Contributions							-			
С	Investment earnings or losses							-			
d	Grants or scholarships							-			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	2,000,000		2,0	000,000		2,000,000		2,000,000		
2	Provide the estimated percentage of the yea	r and halance held:									
	·	r end balance neid (u 5								
а	Board designated or quasi-endowment										
b	Permanent endowment 🕨 100 000 %										
C	Term endowment ►										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation 1	that a	re held	and a	dministered	tor	the	Yes	No
	(i) unrelated organizations								3a(i		No
	(ii) related organizations								3a(ii		No
b	If "Yes" to 3a(II), are the related organizatio			chedu	ıle R?				Зь		i -
4	Describe in Part XIV the intended uses of th	e organızatıon's end	dowme	ent fur	nds					•	
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	ırt X,	line 1	0.				_	
	Description of property				Cost or		(b) Cost or o		(c) Accumulated depreciation	(d) E	book value
1a	Land										
b	Buildings										
c	Leasehold improvements						376	,000	174,05	2	201,948
	Equipment								,		-
	Other						738	,358	641,94	5	96,413
	I. Add lines 1a-1e (Column (d) should equal Fo			, line	10(c).)		<u> </u>	•		+	298,361
	(, , , , , , , , , , , , , , , , , , ,	, .,, ==,	,-/		, /:/				Schedule D	(Form 9	•

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)23333333	Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	Form 990, Part X, line		d of valuation
(a) Description of investment type	(b) Book value		d of valuation · year market value
		2050 01 0110 01	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
, , , , , , , , , , , , , , , , , , , ,			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descripe (a) Descripe (b) Descripe (a) Descripe (b) Descripe (b) Descripe (c) Desc	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,249,648
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,059,213
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,190,435
4	Net unrealized gains (losses) on investments	4	-137,449
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-137,449
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,052,986
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	46,057,387
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	807,739
3	Subtract line 2e from line 1	3	45,249,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	45,249,648
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	44,004,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d 169,956		
е	Add lines 2a through 2d	2e	945,188
3	Subtract line 2e from line 1	3	43,059,213
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,059,213
0.5	rt XIV Supplemental Information		

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

additional information							
Identifier	Return Reference	Explanation					
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD OF TRUSTEES AUTHORIZE THE PRESIDENT TO USE THE EARNED INTERESTS IN EXCESS OF \$2 MILLION AS REQUIRED FOR ON-GOING OPERATIONS					
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS 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 US FEDERAL AND DISTRICT OF COLUMBIA JURISDICTIONS GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO US FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009					
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE ON PART VIII LINE 8B 169,956					
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE ON PART VIII LINE 8B 169,956					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126012293

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization

Employer identification number

ERFI	EDOM HOUSE				Employer identi	i leacton namber
11.	10011110031				13-1656647	
Pa	Tt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the o	organization m	naıntaın record	s to substantiate the a	amount of the grants o	or
	assistance, the grantees' elig	-	=			
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	e
3	Activites per Region (Use Part V	V ıf addıtıonal s	pace is needed ;)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	2		GRANTS TO RECIPIENTS		7,70
	MIDDLE EAST AND NORTH AFRICA -	4	14	GRANTS TO RECIPIENTS		287,49
	SUB-SAHARAN AFRICA - ANGOLA,	3	15	GRANTS TO RECIPIENTS		2,043,58
	SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	GRANTS TO RECIPIENTS		1,353,36
	EAST ASIA AND THE PACIFIC -	2	3	GRANTS TO RECIPIENTS		496,32
	EUROPE (INCLUDING ICELAND & GREENLAND) -	3	11	GRANTS TO RECIPIENTS		1,244,82
3a	Sub-total	14	56			5,433,29

56

b Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

5,433,298

(a) Name of

1

(b) IRS code

section

(c) Region

(d) Purpose of

grant

(i) Method of

valuation

onicació i	(10111)350/2011
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Part V if additional space is needed.

(e) A mount of

cash grant

(f) Manner of

cash

(g) A mount of

of non-cash

(h) Description

of non-cash

organization	and EIN (ıf applıcable)		disbursement	assistance	assistance	(book, FMV, appraisal, other
See Add'l Data						

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
HUMANITARIAN GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1		WIRE AND/OR CASH TRANSFERS			
HUMANITARIAN GRANT	EAST ASIA AND THE PACIFIC	6	•	WIRE AND/OR CASH TRANSFERS			
HUMANITARIAN GRANT	EUROPE (INCLUDING ICELAND & GREENLAND)	6	•	WIRE AND/OR CASH TRANSFERS			
HUMANITARIAN GRANT	MIDDLE EAST AND NORTH AFRICA	19		WIRE AND/OR CASH TRANSFERS			
HUMANITARIAN GRANT	SUB-SAHARAN AFRICA	26		WIRE AND/OR CASH TRANSFERS			
				'		1	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> ~</u>	Νo
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)	굣	Yes	Γ	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	<u> </u>	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	٦	Yes	_	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, 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 REQUESTING DOCUMENTATION AS WE DEEM NECESSARY IN ADDITION, OUR PROGRAM STAFF STAY IN CLOSE CONTACTS WITH THE GRANTEES TO ENSURE THAT THEY ARE IN COMPLIANCE WITH THEIR PROGRAMMATIC REQUIREMENTS AND FUNDS ARE SPENT IN ACCORDANCE WITH THE AGREEMENTS

Identifier	Return Reference	Explanation
		SCHEDULE F, PART IV, LINE 6 THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 13-1656647

Name: FREEDOM HOUSE

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORTING	,	WIRE AND/OR			
			HUMAN RIGHTS		CASH TRANSFERS			
			AND/OR RULE OF LAW		IRANSFERS			
			SUPPORTING	,	WIRE AND/OR			
			HUMAN RIGHTS		CASH			
			AND/OR RULE		TRANSFERS			
		AFRICA	OFLAW					
		MIDDLE	SUPPORTING	25,000	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
		NORTH	AND/OR RULE		TRANSFERS			
	1	AFRICA	OFLAW					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE	SUPPORTING	10,334	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
		NORTH	AND/OR RULE		TRANSFERS			
		AFRICA	OFLAW					
		MIDDLE	SUPPORTING	7,000	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
		NORTH	AND/OR RULE		TRANSFERS			
		AFRICA	OFLAW					
		MIDDLE	SUPPORTING	9,000	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
			AND/OR RULE OF LAW		TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE	SUPPORTING	11,550	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
		NORTH	AND/OR RULE		TRANSFERS			
		AFRICA	OFLAW					
		MIDDLE	SUPPORTING	7,920	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
		NORTH	AND/OR RULE		TRANSFERS			
		AFRICA	OFLAW					
		MIDDLE	SUPPORTING	14,550	WIRE AND/OR			
		EAST AND	HUMAN RIGHTS		CASH			
			AND/OR RULE OF LAW		TRANSFERS			

orm 550 Schedule Fruit II Grants of Endices Satisfied The Sinical States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		MIDDLE EAST		· ·	WIRE AND/OR				
		AND NORTH	HUMAN RIGHTS		CASH				
		AFRICA	AND/OR RULE		TRANSFERS				
			OFLAW						
			SUPPORTING HUMAN RIGHTS	· ·	WIRE AND/OR CASH				
			AND/OR RULE OF LAW		TRANSFERS				
			SUPPORTING		WIRE AND/OR				
		SAHARAN	HUMAN RIGHTS		CASH				
			AND/OR RULE OF LAW		TRANSFERS				

of in 550 Schedule 1 Tare 11 Grants of Entities Satisfac The Sinical States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	. (f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-	SUPPORTING	13,800	WIRE AND/OR				
		SAHARAN	HUMAN RIGHTS		CASH				
		AFRICA	AND/OR RULE		TRANSFERS				
			OFLAW						
		SUB-	SUPPORTING	28,531	WIRE AND/OR				
		SAHARAN	HUMAN RIGHTS		CASH				
		AFRICA	AND/OR RULE		TRANSFERS				
			OFLAW						
		SUB-	SUPPORTING	9,500	WIRE AND/OR				
		SAHARAN	HUMAN RIGHTS		CASH				
		AFRICA	AND/OR RULE		TRANSFERS				
J	1	[OFLAW						

of in 990 Schedule 1 Part 11 - Grants of Entitles Outside The Office States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SUPPORTING	,	WIRE AND/OR				
		SAHARAN	HUMAN RIGHTS		CASH				
		AFRICA	AND/OR RULE		TRANSFERS				
			OFLAW						
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	·	WIRE AND/OR CASH TRANSFERS				
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS				

of in 330 Schedule 1 Fart 11 Grants of Little's Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		SUB-	SUPPORTING	39,780	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SAHARAN	SUPPORTING HUMAN RIGHTS	·	WIRE AND/OR CASH						
			AND/OR RULE OF LAW		TRANSFERS						
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS						

of in 990 Schedule 1 Fart 11 - Grants of Littles Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			SUPPORTING		WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS						
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS						

of in 330 Schedule 1 Fart II Grants of Entitles Outside The Office States											
(a) Name o organizatio		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		SUB-	SUPPORTING	14,625	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
			SUPPORTING	· '	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SUB-	SUPPORTING	140,741	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
]	1		OFLAW								

	of in 330 Schedule 1 Fart 11 Grants of Little's Outside The Office States											
	(a) Name of organızatıon	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			SUB-	SUPPORTING	80,741	WIRE AND/OR						
ı			SAHARAN	HUMAN RIGHTS		CASH						
ı			AFRICA	AND/OR RULE		TRANSFERS						
L				OFLAW								
			SUB-	SUPPORTING	20,987	WIRE AND/OR						
			SAHARAN	HUMAN RIGHTS		CASH						
			AFRICA	AND/OR RULE		TRANSFERS						
L				OFLAW								
1			SUB-	SUPPORTING	13,686	WIRE AND/OR						
			SAHARAN	HUMAN RIGHTS		CASH						
			AFRICA	AND/OR RULE		TRANSFERS						
		1		OFLAW								

of in 330 Schedule 1 Fart II Grants of Entitles Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		SUB-	SUPPORTING	12,294	WIRE AND/OR			_			
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE	,	WIRE AND/OR CASH TRANSFERS						
			OFLAW								
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS						

orm 550 Schedule 1 Ture 11 Grants of Entitles Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			SUPPORTING	· '	WIRE AND/OR						
			HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
			SUPPORTING HUMAN RIGHTS	l '	WIRE AND/OR CASH						
			AND/OR RULE		TRANSFERS						
			OFLAW								
		SUB-	SUPPORTING	289,031	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
			AND/OR RULE OF LAW		TRANSFERS						

of in 330 Schedule 1 Fart 11 Grants of Endices Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		SUB-	SUPPORTING	58,281	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SUB-	SUPPORTING	16,986	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SUB-	SUPPORTING	10,000	WIRE AND/OR						
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								

of in 330 Schedule 1 Fart 11 Grants of Little's Outside The Office States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		SUB-	SUPPORTING	70,376	WIRE AND/OR			_			
		SAHARAN	HUMAN RIGHTS		CASH						
		AFRICA	AND/OR RULE		TRANSFERS						
			OFLAW								
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS						
		SUB- SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS						

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SAHARAN AFRICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	·	WIRE AND/OR CASH TRANSFERS			
	l .	AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OFLAW	,	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	· ·	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	· ·	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		SOUTH AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW		WIRE AND/OR CASH TRANSFERS			
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OFLAW		WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	,	WIRE AND/OR CASH TRANSFERS			
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	· '	WIRE AND/OR CASH TRANSFERS			
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	•	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	· '	WIRE AND/OR CASH TRANSFERS			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	· '	WIRE AND/OR CASH TRANSFERS			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	. <i>'</i>	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORTING	288,195	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	40,000	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
_		EUROPE	SUPPORTING	84,869	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFIAW					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORTING	26,880	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	12,532	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	66,608	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORTING	· '	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	72,693	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	15,000	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	O F LAW					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORTING HUMAN RIGHTS	1 '	WIRE AND/OR CASH			
		ICELAND & GREENLAND)	AND/OR RULE OF LAW		TRANSFERS			
		ÌCELAND &	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	l '	WIRE AND/OR CASH TRANSFERS			
		l,	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	, ,	WIRE AND/OR CASH TRANSFERS			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORTING		WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	91,650	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
_		EUROPE	SUPPORTING	16,993	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	O F LAW					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1		SUPPORTING	l '	WIRE AND/OR			
	I	(HUMAN RIGHTS	I	CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	30,210	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	OFLAW					
		EUROPE	SUPPORTING	20,000	WIRE AND/OR			
		(INCLUDING	HUMAN RIGHTS		CASH			
		ICELAND &	AND/OR RULE		TRANSFERS			
		GREENLAND)	O F LAW					

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DLN: 93493126012293

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Em
FREEDOM HOUSE	

Employer identification number

13-1656647

Part I	Fundraising	Activities. Com	plete if the orga	anızatıon answered	l "Yes" to	Form 990	, Part IV	, line 17.
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- ${f 1}$ Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🔽 Mail solicitations
- c 🔽 Phone solicitations
- d 🔽 In-person solicitations

- e

 ✓ Solicitation of non-government grants
 - f 🔽 Solicitation of government grants
 - g 🔽 Special fundraising events
- 2a 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?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
EPIPHANY PRODUCTIONS 104 HUME AVENUE ALEXANDRIA, VA 22301	ANNUAL AWARD DINNER		No	314,600	169,956	144,644
Total				314,600	169,956	144,644

3 List all states in which the organization is registered or licensed to solicit funds 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

	t II	Fundraising Events. Com more than \$15,000 on Form				
		, , , , , , , , , , , , , , , , , , , ,	(a) Event #1 DINNER	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	(4)/
Ме	1	Gross receipts	314,600			314,600
Revenue	2	Less Charitable contributions	314,600			314,600
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ş	5	Non-cash prizes				
euse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect	8	Entertainment				
ቯ	9	Other direct expenses .	169,956			169,956
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(169,956)
	11	Net income summary Combine Ii	nes 3 and 10 ın column (d)	🕨	-169,956
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facılıty costs				
Dreg	5 (Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No	_
	7	Direct expense summary Add line:	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9		er the state(s) in which the organiza				
a b		ne organization licensed to operate No," Explain				

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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DLN: 93493126012293 OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

FREEDOM HOUSE 13-1656647 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **(b)** EIN (c) IRC Code section (e) A mount of non-(a) Name and address of (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant organization if applicable non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) (1) NATIONAL 52-1338892 501C(3) 50,850 SUPPORTING DEMOCRATIC INSTITUTE HUMAN RIGHTS, DEMOCRATIC FOR INTERNATIONAL AFFAIRS455 INITIATIVES MASSACHUSETTS AVENUE AND/OR RULE OF NW 8TH LAW FLOOR WASHINGTON, DC 20001 (2) FREE SOCIETY 31-1787909 501C(3) 28,290 SUPPORTING PROJECT INC138 HUMAN RIGHTS, DEMOCRATIC TERRACE DRIVE CHATHAM, NJ 07928 INITIATIVES AND/OR RULE OF LAW (3) AFRICAN CENTER FOR 27-2851336 PENDING 227,757 SUPPORTING APPLICATION HUMAN RIGHTS, JUSTICE AND PEACE STUDIES (ACJPS)866 DEMOCRATIC UNITED NATIONS PLAZA INITIATIVES NEW YORK, NY 10017 AND/OR RULE OF LAW SUPPORTING (4) INTERNATIONAL 52-1818273 501C(3) 38,812 CENTER FOR NOT-FOR-HUMAN RIGHTS, DEMOCRATIC PROFIT LAW (ICNL)1126 16TH STREET NW SUITE INITIATIVES AND/OR RULE OF WASHINGTON, DC 20036 lla w (5) COMMUNITY 94-3255070 501C(3) SUPPORTING 100.200 INITIATIVES354 PINE HUMAN RIGHTS. STREET SUITE 700 DEMOCRATIC SAN FRANCISCO, CA INITIATIVES 94101 AND/OR RULE OF LAW

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

0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
Part IV Supplemental Informa	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEES SUBMIT TO US PERIODIC FINANCIAL REPORTS (MONTHLY OR
MONITORING GRANTS		QUARTERLY) AND RECEIPTS FINANCE STAFF THEN REVIEW THOSE DOCUMENTS TO ENSURE THAT THEY
IN THE U S		SUBSTANTIATE THE EXPENDITURES AS STATED IN THE REPORTS AND MAY RAISE ADDITIONAL QUESTIONS AND
		REQUESTING DOCUMENTATION AS WE DEEM NECESSARY IN ADDITION, OUR PROGRAM STAFF STAY IN CLOSE
		CONTACTS WITH THE GRANTEES TO ENSURE THAT THEY ARE IN COMPLIANCE WITH THEIR PROGRAMMATIC
		REQUIREMENTS AND FUNDS ARE SPENT IN ACCORDANCE WITH THE AGREEMENTS

DLN: 93493126012293

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

FREEDOM HOUSE

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

13-1656647

Pa	tt I Questions Regarding Compensation						
				Yes	No		
1a		ded any of the following to or for a person listed in Form o provide any relevant information regarding these items					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D		2				
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee						
	✓ Independent compensation consultant	✓ Compensation survey or study					
	Form 990 of other organizations	A pproval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	a Receive a severance payment or change-of-control payment?						
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of						
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any					
а	a The organization?						
b	b Any related organization?						
	If "Yes," to line 6a or 6b, describe in Part III						
7							
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III		8		No		
9	If "Yes" to line 8, did the organization also follow the r	ebuttable presumption procedure described in Regulations					
	section 53 4958-6(c)?		9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentıve compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DAVID J KRAMER	(I) (II)	175,000 0	0 C	90	0 0	5,614 0	180,704 0 0	,
(2) QUOC-HUY NGUYEN	(I) (II)	174,215 0	0	60	15,716	13,765	5 203,756 0 0	,
(3) JACQUELYN J BENNETT	(I) (II)	153,543 0	0 0	90	13,906	10,427	7 177,966 0 0	,
(4) ROBERT HERMAN	(ı) (ıı)	150,322	0 C	138	13,666		2 181,338 0 0	,
(5) LISA DAVIS	(ı) (ıı)	141,250 0	0 C	90	12,841	10,217	7 164,398 0 0	,
(6) DANIEL CALINGAERT	(I) (II)	136,205 0	0 C	90	12,382	18,033	3 166,710 0 0	,
(7) ARCHER PUDDINGTON	(ı) (ıı)	132,224	0 0	762	12,020	15,901	1 160,907 0 0	,
	'			'				
			 				<u>'</u>	
							<u> </u>	
	'	<u> </u>	 	<u> </u>	+	 	<u> </u> '	
	'							
		 					<u> </u>	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2011

DLN: 93493126012293

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE COMMITTEE OF THE BOARD HAS DESIGNATED THE CHAIRS OF AUDIT AND FINANCE COMMITTEES TO REVIEW THE 990 BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST EXISTS WHENEVER AN INDIVIDUAL COULD BENEFIT DIRECTLY OR INDIRECTLY FROM A DECISION OVER WHICH THEY MIGHT HAVE INFLUENCE, OR WHERE A THIRD PARTY MIGHT REASONABLY PERCEVE THERE TO BE SUCH A BENEFIT AND INFLUENCE "RELATED-PARTY TRANSACTIONS" ARE THE MOST FREQUENT CASE IN POINT THIS IS WHEN A TRANSACTION, SUCH AS THE AWARD OF A CONTRACT OR THE PROVISION OF A BENEFIT, IS MADE BETWEEN TWO PARTIES WITH A SEPARATE PERSONAL OR BUSINESS RELATIONSHIP WHEREIN ONE OR BOTH WOULD BENEFIT FROM THE TRANSACTION, FINANCIALLY OR OTHERWISE ONE OF THE BEST ANTIDOTES TO A REAL OR PERCEIVED CONFLICT OF INTEREST IS DISCLOSURE, SO THAT THE POTENTIALLY "CONFLICTED" DECISION-MAKER OR BENEFICIARY TAKES A DECISION THAT COULD LATER BE CALLED INTO QUESTION IN A TRANSPARENT AND INFORMED MANNER AND IN CONSULTATION WITH OTHERS WHO ARE REMOVED FROM THE POTENTIAL CONFLICT. INDIVIDUALS JOINING THE BOARD OF TRUSTEES ASSUME A DUTY TO DISCLOSE ANY PERSONAL, FAMILY, BUSINESS, OR RELATED OR AFFILIATED INTERESTS THEY HAVE THAT COULD BENEFIT FROM TRANSACTIONS WITH FREEDOM HOUSE OR FROM THE ACTIVITIES OR ADVOCACY UNDERTAKEN BY THE ORGANIZATION AND HENCE BRING INTO QUESTION THE PROPRIETY OF DECISIONS TAKEN BY OR ON BEHALF OF FREEDOM HOUSE ALMOST ANY "RELATED-PARTY TRANSACTION" IS WORTHLY OF DISCLOSURE AND DISCUSSION NOT ALL RELATED-PARTY TRANSACTION'S WORTHLY OF DISCLOSURE AND DISCUSSION CAN CLARIFY THIS IN ANY CASE IN WHICH A TRUSTEE BELIEVES THAT HIS OR HER CONDUCT OR ACTIVITIES COULD BE CONSTRUED BY A REASONABLE THIRD PARTY TO CONSTITUTE, OR COULD APPEAR TO CONSTITUTE, A POSSIBLE CONFLICT OF INTEREST, THE TRUSTEE SHOULD DISCLOSE THE SITUATION TO THE BOARD'S GOVERNANCE AND ETHICS OFFICER, WHO WILL REVIEW THE MATTER AND RECOMMEND TO THE EXECUTIVE COMMITTEE A COURSE OF TRUSTESS IF INTEREST (IF INDEED ONE IS DETERMINED TO BEST) AND PRESERVE THE INTERSTITY OF DECISIONS MADE BY OR ON BEHALF OF FREEDOM HOUSE. AT THE DISCRETION OF THE EXECUTIVE COMMITTEE A CONFLICT OF INTEREST (IF INDEED ONE IS DETERMINED TO BEST) AND PRESERVE THE INTERST
	FORM 990, PART VI, SECTION B, LINE 15	BASED ON A RECOMMENDATION FOR THE BOARD COMMITTEE ON GOVERNANCE AND ETHICS COMMITTEE, 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 NGOS THAT PROVIDE EXCESSIVE COMPENSATION TO CEOS), FREEDOM HOUSE IS OBLIGED 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, SECTION C, LINE 19	FREEDOM HOUSE'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND A SNAPSHOT OF OUR FINANCIALS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON OUR WEBSITE. HOWEVER, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE INTERNAL DOCUMENTS AND NOT AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -137,449
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

DLN: 93493126012293

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public

Internal Revenue Service						111	ispectio	n
Name of the organization FREEDOM HOUSE					13-165664	lentification number		
Part I Identification of Disregarded Entiti	es (Complete	if the organization	n answered "Yes"	on Form 990, Pa		,		
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exem or more related tax-exempt organizatio	pt Organiza ns during the	tions (Complete if tax year.)	f the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stati (if section 501(c)(3	us Direct controlling entity	(g) Section 512(controlle organizat	
(1) FREEDOM HOUSE - HUNGARY							Yes	No
FALK MIKSA UTSCA 30 IV/2 BUDAPEST 1055 HU	CHAR	ITABLE ORGANIZATION	HU	NGO		FREEDOM HOUSE	Yes	
Ear Driver A should Demonstrate Deducation A sh Nation and t	ha Tuetuustiana	for Form 000	Cat No EO	1257	L	Cahadula D (Form 000	2011

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part	Transactions With Related Organizations (Complete if the organization answered "Y				Yes	No
	ig the tax year, did the orgranization engage in any of the following transactions with one or more related org	ianizations listed in Part	s II-IV?			
	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	jamzacions notea mir are	3 11 10	1a		No
	ft, grant, or capital contribution to related organization(s)			1b		No
	ft, grant, or capital contribution from related organization(s)			1c		No
	pans or loan guarantees to or for related organization(s)			1d		No
	pans or loan guarantees by related organization(s)			1e		No
4 C-				1f		No
	rile of assets to related organization(s)			11 1g		No
	urchase of assets from related organization(s)			19 1h		No
	cchange of assets with related organization(s)			1i		
ı Le	ase of facilities, equipment, or other assets to related organization(s)			111		No
j Le	ase of facilities, equipment, or other assets from related organization(s)			1j		No
k Pe	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
I Pe	rformance of services or membership or fundraising solicitations by related organization(s)			11		No
m Sh	naring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	•	No
n Si	naring of paid employees with related organization(s)			<u>1n</u>		No
o Re	eimbursement paid to related organization(s) for expenses			10		No
p Re	eimbursement paid by related organization(s) for expenses			<u>1p</u>		No
q 0	ther transfer of cash or property to related organization(s)			1 q		No
r Ot	ther transfer of cash or property from related organization(s)			1r		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relati	onships and transact	tion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
L) !)						
2)						
5)						
I)						
5)						
5)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of Share of total income assets		(h) Disproprtionate allocations?		(i) (j Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			
			314)	Yes	No			Yes	No		Yes	No	
													·

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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Form 5471	Information Retur					pect 10 (-ertain		/R No 15	545-0704	
· · · · · · · · · · · · · · · · · · ·		Foreign (Corpora	ations				"	ID NO 1.	773 0707	
(Rev December 2011)		See sepa	ırate instru	ctions.							
Department of the Treasury	Information furnished for the	•				, ,	•	ed Atta	achment		
Internal Revenue Service	by section 898) (see inst	tructions) beginnin	ng 07-01-	2011 ,a	ind end	ling 09-15-	-2011	Sec	quence No :	L21	
Name of person filing thi	s return			A I	dentif	ying number	r				
FREEDOM HOUSE					13-16	56647					
	Number, street, and room or suite no (or P O box number if mail is not delivered to street address) 1301 CONNECTICUT AVE NW FLOOR 6					Ss) B Category of filer (See instructions Check applicable box(es)) 1 (repealed) 2					
City or town, state, and ZIP code WASHINGTON DC 20036						total percentag at the end of its		-	-	_	
Filer's tax year beginning		g 2012-06-30									
D Person(s) on whose	e behalf this information retu	ırn ıs filed			T		1				
(1) Na	me	(2) Add	dress		(3	J Identifying number		heck holder	applicable box(es) Officer Director		
						Hullibel	Silate	noidei	Officer	Director	
Transactorety Fill in al	U anniisahia linaa and asi	bodulas Allini	fo was o ti o a		<u> </u>	-naliah All				<u> </u>	
-	ll applicable lines and sch dollars unless otherwise		ioriiiauoii	must	e III E	angusti. Ali	ainounts	mus	t De Sta	leu	
	of foreign corporation					b(1) Emplo	yer ıdentı	fıcatıo	n number	, if any	
FREEDOM HOUSE - HU FALK MIKSA UTSCA 30						FO REI			/	`	
BUDAPEST 1055 HU	. 10,12					b(2) Refere	ence ID ni	ımber	(see inst)	
						c Countr	y under wl	nose la	ws incor	porated	
	T	T				HU		<u> </u>			
d Date of incorporation	e Principal place of busine		al business ode number		g Prir	ncipal busine	ess activit	y h	Function	al currenc	
2007-08-31	ни	813000			СН	ARITABLE		ни	INGARY,	FORINT	
2 Provide the following	information for the foreign c	orporation's acc	ounting pe	rıod state	ed abo	ve		•			
	identifying number of branch	office or agent	(If any) In	b If a U	S inco	ome tax retu	rn was file	d, ente	er		
the United States			-					Sinc	ome tay	paıd (after	
				(ı) Taxa	able ind	come or (los	s) (<i>''')</i> 0		ll credits)		
			Ī								
	foreign corporation's statut	ory or resident a	agent in			ddress (ınclu					
country of incorporat	ion					f person (or of the foreigi					
						and records,			id the loc	ation of	
Schedule A Stoc	k of the Foreign Corp	oration	1								
(a) Dass	rintion of each class of attac	k	(1) 5	(b) Number of shares issued and outstanding							
(a) Desc	ription of each class of stoc	r.	(1) Begin	ning of ar peri		ccounting	(11) End of	annua	l account	ing period	
COMMON				ρεπ	- u	1				0	

				. uge =
Schedule B U.S. Shareholders	of Foreign Corporation (see instr	ructions.)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder Note: This description should match the corresponding description entered in Schedule A, column (a)	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
FREEDOM HOUSE	COMMON	1		
1301 CONNECTICUT AVE NW WASHINGTON, DC 20036				1
13-1656647				
				_
				_
				_
				_
				4
				4
				4
				4
				4

Schedule C Income Statement (see instructions.)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		DASTIT COLPOTATIONS.			
T				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		
	c	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		
	4	Dividends	4		
	5	Interest	5		
	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other Income (attach schedule)	8		
	9	Total income (add lines 3 through 8)	9		
	10	Compensation not deducted elsewhere	10		
	11a	Rents	11a		
	b	Royalties and license fees	11b		
	12	Interest	12		
	13	Depreciation not deducted elsewhere	13		
	14	Depletion	14		
	15	Taxes (exclude provision for income, war profits, and excess			
		profits taxes)	15		
	16	Other deductions (attach schedule—exclude provision for income, war profits, and excess profits taxes)	16		
	17	Total deductions (add lines 10 through 16)	17		
	18	Net income or (loss) before extraordinary items, prior period			
		adjustments, and the provision for income, war profits, and excess			
		profits taxes (subtract line 17 from line 9)	18		
	19	Extraordinary items and prior period adjustments (see instructions)	19		
	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21		

21 Less cost of treasury stock

22 Total liabilities and shareholders' equity

Schedule E Income, War Profits, and Excess	Profits Taxes	Paid o	r Accrued (See instruct	ions)
(a)			Amount of Tax	
Name of country or U S possession	(b) In foreign curr	ency	(c) Conversion rate	(d) In U S dollars
1 US				
2				
3				
4				
5				
<u>6</u> 7				
8 Total				<u> </u>
Schedule F Balance Sheet Important: Report all amounts in U.S. dollars prepa	ared and translate	ed in ad	ccordance with U.S. GA	AP See
instructions for an exception for DASTM corporations.		o ma	ccordance man o.s. on	11 . 300
Assets			(a)	(b)
			Beginning of annual	End of annual
			accounting period	accounting period
1 Cash		· 1	472	0
2a Trade notes and accounts receivable		. 2a		
b Less allowance for bad debts		. 2b	()	()
3 Inventories		. 3		
4 Other current assets (attach schedule)		. 4		
$oldsymbol{5}$ Loans to shareholders and other related persons $oldsymbol{.}$.		. 5		
6 Investment in subsidiaries (attach schedule)		. 6		
7 Other investments (attach schedule)		. 7		
8a Buildings and other depreciable assets		. 8a		
b Less accumulated depreciation		. 8b	()	()
9a Depletable assets		. 9a		
b Less accumulated depletion		. 9b	()	()
10 Land (net of any amortization)		. 10		
11 Intangible assets				
a Goodwill		. 11a		
b Organization costs		. 11b		
c Patents, trademarks, and other intangible assets				
d Less accumulated amortization for lines 11a, b, and c		\vdash	()	
12 Other assets (attach schedule)		. 12	1	
12 Other assets (attach schedule)		·		
13 Total assets		. 13	472	0
Liabilities and Shareholders' Equ		. 13	772	
Liabilities and Shareholders Equ	iicy			
14 Accounts payable			472	0
15 Other current liabilities (attach schedule)		\vdash		
16 Loans from shareholders and other related persons .		. 16		
17 Other liabilities (attach schedule)		. 17		
18 Capital stock				
a Preferred stock		. 18a		
b Common stock		. 18b		
19 Paid-in or capital surplus (attach reconciliation)		. 19		<u>_</u>
20 Retained earnings		. 20		

21

22

()

()

<u> </u>	educe de Cuici Information				Yes	No
1	During the tax year, did the foreign corporation own at	t least a 10% ınterest, dı	rectly or indirectly, in any	foreign		
				_		
	If "Yes," see the instructions for required attachment					
2	During the tax year, did the foreign corporation own ai	n interest in any trust?				굣
3	During the tax year, did the foreign corporation own a	-			_	_
	separate from their owners under Regulations section		•	? .		
	If "Yes," you are generally required to attach Form 88				_	_
	During the tax year, was the foreign corporation a par					Y
	During the tax year, did the foreign corporation become		sharing arrangement?		<u> </u>	
	edule H Current Earnings and Profits ortant: Enter the amounts on lines 1 through 5		ncv.			
	Current year net income or (loss) per foreign books of			1		
	, , , , , ,					
2	Net adjustments made to line 1 to determine current			1		
_	earnings and profits according to U S financial and	Net	Net			
	tax accounting standards (see instructions)	Additions	Subtractions			
	tax accounting standards (see instructions)	Additions	Subtractions			
а	Capital gains or losses			1		
	· -			-		
	Depreciation and amortization			4		
С	Depletion			_		
d	Investment or incentive allowance					
е	Charges to statutory reserves					
f	Inventory adjustments					
g	Taxes					
h	Other (attach schedule)			1		
3	Total net additions			1		
4	Total net subtractions			1		
E	Current earnings and profits (line 1 plus line 3 minus					
	DASTM gain or (loss) for foreign corporations that us			5a		
D	Combine lines 5a and 5b	e DASTM (see mistruction	15)	5b 5c		
c d	Current earnings and profits in U S dollars (line 5c tr	and lated at the appropria	to evaluate as	30		
u	defined in section 989(b) and the related regulations		te exchange rate as	5d		
	Enter exchange rate used for line 5d	(see ilistructions))		ou		
	Enter exchange rate used for fine 50 F					
Sch	edule I Summary of Shareholder's Inco	me From Foreign Co	orporation (see instru	ictions)		
1	Subpart F income (line 38b, Worksheet A in the instru	ictions) • • • •		. 1		
2	Earnings invested in U S property (line 17, Workshee	et B in the instructions)		. 2		
3	Previously excluded subpart F income withdrawn from	qualified investments (li	ne 6b, Worksheet C			
	In the instructions)			. 3		
4	Previously excluded export trade income withdrawn fr	om investment in export	trade assets (line 7b,			
	Worksheet D in the instructions) • • • • • •			. 4		
5	Factoring income			- 5		
6	Total of lines 1 through 5 Enter here and on your inco	ome tax return. See instru	ictions • • • •	- 6		
7	Dividends received (translated at spot rate on payme	nt date under section 989	9(b)(1)) · · · ·	. 7		
8	Exchange gain or (loss) on a distribution of previously	y taxed income • • •		- 8		
					Yes	No
• Wa	s any income of the foreign corporation blocked?				Г	굣
	,	· ·			- •	•
• Did	any such income become unblocked during the tax ye	ear (see section 964(b))?				굣
	answer to either question is "Yes," attach an explana		·		•	*

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Form 5471	Information F		f U.S. Poreign C				pect To	Certair)MBNo 1	545-0704
(Rev December 2011)			• See sepa								
Department of the Treasury	Information furnished by section 898)					_		•	I A	ttachment	121
Name of person filing th		(See instruction	ns, beginnin			· 	fying numbe			equence No	121
FREEDOM HOUSE	ns recum				^		556647	•			
Number, street, and room or 1301 CONNECTICUT		nber if mail is	not delivered	to street add	ress) B	Categor	y of filer (See i	nstructions (Check	applicable b	
AMA CHIAN CTO N				- 1		e total percenta at the end of i	-	_	-	voting stock	
Filer's tax year beginnii	ng 2011-07-01 , an	d ending 20	12-06-30								
D Person(s) on whos	e behalf this informat	ion return is	filed								
(1) N	ame		(2) Add	dress		(:	3) Identifyin number		C heck eholder		Director
								Share	znolaci	. Officer	Director
Important: Fill in a in U.S.	ll applicable lines a dollars unless othe			formation	must	be in	English. Ali	amounts	mu	st be sta	ited
1a Name and addres	s of foreign corporatio	n					b(1) Empl	oyer ident	ıfıcatı	ıon numbe	r, ıf any
FREEDOM HOUSE - U	KRAINE						FORE	IGNUS			
160 GORKOGO ST AP KYIV 03150 UP							b(2) Refer		umbe	r (see inst	t)
							c Count	ry under w	hose	laws incoi	rporated
d Date of incorporation	e Principal place of	business		ıl busıness		y g Pr	ncıpal busın	ess activi	ty	h Functior	nal currenc
2003-10-02	UP		813000	ode numbei)	•	СН	ARITABLE		lu	JKRAINE.	HRYVNIA
2 Provide the following		reign corpor			rıod sta					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a Name, address, and the United States	identifying number of	branch offic	e or agent ((ıf any) ın	b If a	U S inc	ome tax ret	urn was file	≥d, en	iter	
					<i>(ı)</i> Ta	xable ır	come or (lo	ss) (11) U		ncome tax all credits	paid (after)
c Name and address of country of incorpora	• •	s statutory o	r resident a	agent in	appl and	ıcable) records	ddress (incl of person (oi of the foreig and records	r persons) ın corporat	with d	custody of	f the books
Schedule A Sto	ck of the Foreign	Corpora	tion								
				(b) Number of shares issued and o			outst	tandıng			
(a) Des	cription of each class	or stock		(1) Begin	_	annual : eriod	accounting	(II) End of	annu	ıal accoun	iting period
COMMON							4				

Schedule B U.S. Shareholders	s of Foreign Corporation (see instr	ructions.)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder Note: This description should match the corresponding description entered in Schedule A, column (a)	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
FREEDOM HOUSE 1301 CONNECTICUT AVE NW WASHINGTON, DC 20036	COMMON			
ADRIAN KARATNYCKY 53 ST MARKS PLACE NEW YORK, NY 10003	COMMON	1		
JOHN KUBINIEC 19 MIDDLESEX RD BUFFALO, NY 14216	COMMON	1		
GIBBONS SCHRIEFER 3025 ONTARIO RD NW 302 WASHINGTON, DC 20009	COMMON			

Schedule C Income Statement (see instructions.)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			L		Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	·L	1a		
	ь	Returns and allowances	·L	1b		
2	С	Subtract line 1b from line 1a	٠L	1 c		
Income	2	Cost of goods sold	. L	2		
Ě	3	Gross profit (subtract line 2 from line 1c)	·L	3		
	4	Dividends	. L	4		
	5	Interest	·	5		
	6a	Gross rents	.[6a		
	ь	Gross royalties and license fees	.[6b		
	7	Net gain or (loss) on sale of capital assets	. [7		
	8	Other Income (attach schedule)	. [8		
	9	Total income (add lines 3 through 8)	. [9		
	10	Compensation not deducted elsewhere		10		
2	11a	Rents	. 🗔	11a		
Deductions	ь	Royalties and license fees	. 🗔	11b		
בֿי ב	12	Interest	. [12		
Ď.	13	Depreciation not deducted elsewhere	. [13		
_	14	Depletion	. [14		
	15	Taxes (exclude provision for income, war profits, and excess				
		profits taxes)	.	15		
	16	Other deductions (attach schedule—exclude provision for income, war profits, and excess profits taxes)	. [16		
	17	Total deductions (add lines 10 through 16)	.	17		
a)	18	Net income or (loss) before extraordinary items, prior period				
Іпсоше		adjustments, and the provision for income, war profits, and excess				
5		profits taxes (subtract line 17 from line 9)	. L	18		
Net IT	19	Extraordinary items and prior period adjustments (see instructions)		19		
Z	20	Provision for income, war profits, and excess profits taxes (see instructions)	. [20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)		21		

Schedule E Income, War Profits, and Excess	Profits Taxes P	aid o	r Accrued (See instructi	ons)
(a)			Amount of Tax	
Name of country or U S possession	(b) In foreign curre	ncy	(c) Conversion rate	(d) In U S dollars
1 U S				
2				
3				
4				
<u>5</u>				
7				
				<u> </u>
Schedule F Balance Sheet	end and translata	din a	accordance with IIC CA	ND Coo
Important: Report all amounts in U.S. dollars prepar instructions for an exception for DASTM corporations.	rea ana transiate	u in ac	ccordance with U.S. GAP	AP. See
Assets			(a)	(b)
1155515			Beginning of annual	End of annual
			accounting period	accounting period
1 Cash		1	7,384	
2a Trade notes and accounts receivable		2a		
b Less allowance for bad debts		2b	()	()
3 Inventories		3		
4 Other current assets (attach schedule)		4		_
5 Loans to shareholders and other related persons		5		
6 Investment in subsidiaries (attach schedule)		6		
7 Other investments (attach schedule)		7		
8a Buildings and other depreciable assets		8a		
b Less accumulated depreciation		8b	()	()
9a Depletable assets				<u> </u>
b Less accumulated depletion		9b		()
10 Land (net of any amortization)		10	\ /	()
11 Intangible assets				
a Goodwill		11a		
b Organization costs		\vdash		
c Patents, trademarks, and other intangible assets		-	()	
d Less accumulated amortization for lines 11a, b, and c			()	()
12 Other assets (attach schedule)		12		
13 Total assets		13	7,384	
Liabilities and Shareholders' Equit		15	7,304	
Liabilities and Shareholders' Equit	Ly			
14 Accounts payable		-		
15 Other current liabilities (attach schedule)				
16 Loans from shareholders and other related persons .		16		
17 Other liabilities (attach schedule)		17		
18 Capital stock				
a Preferred stock		18a		
b Common stock		18b		
19 Paid-in or capital surplus (attach reconciliation)		19	7,384	
20 Retained earnings		20		
21 Less cost of treasury stock		21	()	()

22

S GI	edule G Other Information						
_	Daniel Lander Land Communication	1.1				Yes	No
1	During the tax year, did the foreign corporation own at			_		_	⊽
	partnership?			• •		. ,	1*
2	During the tax year, did the foreign corporation own a					Г	굣
-	burning the tax year, are the foreign corporation own an	in interest in any trase		• •		• •	•
3	During the tax year, did the foreign corporation own ai	ny foreign entities that w	ere disregarded as entities				
	separate from their owners under Regulations section	s 301 7701-2 and 301	7701-3 (see instructions)	?		. Г	굣
	If "Yes," you are generally required to attach Form 88					_	_
4	During the tax year, was the foreign corporation a par						~
	During the tax year, did the foreign corporation become		sharing arrangement?		<u> </u>	. !	<u> ~ </u>
	edule H Current Earnings and Profits ortant: Enter the amounts on lines 1 through 5		encv.				
1			•	1			
	· · · · · · · · · · · · · · · · · · ·						
2	Net adjustments made to line 1 to determine current			1			
	earnings and profits according to U.S. financial and	Net	Net				
	tax accounting standards (see instructions)	Additions	Subtractions				
a	Capital gains or losses			1			
	Depreciation and amortization			1			
	Depletion			1			
	·			- I			
	Investment or incentive allowance			-			
	Charges to statutory reserves			4			
f	Inventory adjustments						
g	Taxes						
h	Other (attach schedule)						
				4			
3	Total net additions			4			
	Total net subtractions			. I			
5a	Current earnings and profits (line 1 plus line 3 minus			5a			
b	DASTM gain or (loss) for foreign corporations that us	e DASTM (see instruction	ons)	5b			
С				5c			
d	Current earnings and profits in U S dollars (line 5c tr		ite exchange rate as				
	defined in section 989(b) and the related regulations	(see instructions))		5d			
	Enter exchange rate used for line 5d						
Sch	edule I Summary of Shareholder's Inco	me From Foreign C	orporation (see instru	ictions	;)		
1	Subpart F income (line 38b, Worksheet A in the instru			1			
2	Earnings invested in U S property (line 17, Workshee	et B in the instructions)		- 2			
3	Previously excluded subpart F income withdrawn from	n qualified investments (l	ıne 6b, Worksheet C		i		
	in the instructions) • • • • • • • • • • • • • • • • • • •			. 3			
4	Previously excluded export trade income withdrawn fr	om investment in export	trade assets (line 7b,				
	Worksheet D in the instructions) • • • • •			4			
5	Factoring income • • • • • • • • • • • • • • • • • • •			. 5			
6	Total of lines 1 through 5 Enter here and on your inco	ome tax return. See instr	uctions • • • •	6			
7	Dividends received (translated at spot rate on payme	nt date under section 98	9(b)(1)) · · · ·	. 7			
8	Exchange gain or (loss) on a distribution of previously	y taxed income • • •		- 8			
						Yes	No
Wa	s any income of the foreign corporation blocked?					. Г	Г
Dic	any such income become unblocked during the tax ye	ear (see section 964(b))?				. Г	
fthe	answer to either question is "Yes," attach an explana	tion					

ef	ile GRAPHIC print - DO NOT PROC	ESS As Filed Data	a -				DLN: 93493126012293
(F	CHEDULE J Orm 5471) v December 2005)		umulated Earning of Controlled For				
	ortment of the Treasury nal Revenue Service		► Attach to Form 5471. Se	o Instructions for Form F	471		OMB No 1545-0704
			F Attach to Form 54/1. Se	e Instructions for Form 5	4/1.		
	ne of person filing Form 5471 EEDOM HOUSE					Identifying nu	
	ne of foreign corporation					13-1656647	7
	EEDOM HOUSE - HUNGARY						
	Important: Enter amounts in	(c) Previously Taxed E&P (see (a) Post-1986 Undistributed Earnings Not Previously Taxed (c) Previously Taxed E&P (see (sections 959(c)(1) and (2)				(d) Total Section 964(a) E&P (combine columns	
functional currency.		(post-86 section 959(c)(3) balance)	(pre-87 section 959(c)(3) balance)	(1) Earnings Invested in U S Property	(II) Earnings Invested In Excess Passive Assets	(III) Subpart F Incom	(a), (b), and (c))
1	Balance at beginning of year	-890,472					-890,47
2a	Current year E&P						
b	Current year deficit in E&P						
3	Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	890,472					
4	Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a	Actual distributions or reclassifications of previously taxed E&P						
b	Actual distributions of nonpreviously taxed E&P						
6a	Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b	Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-890,472					
7	Balance at end of year. (Enter amount from line 6a or line 6b.						

whichever is applicable.)

-890,472

ef	ile GRAPHIC print - DO NOT PROC	ESS As Filed Data	a -				DLN: 93493126012293
(F	HEDULE J orm 5471) December 2005)		umulated Earning of Controlled Fore				
•	rtment of the Treasury ial Revenue Service		► Attach to Form 5471. See	Instructions for Form 5.	471		OMB No 1545-0704
NI	Section 1997		F Attach to form 5471. 5ec	e matructions for Form 5.		71	
	ne of person filing Form 5471 EDOM HOUSE					Identifying nu	
	ne of foreign corporation					113-103004	
	Important: Enter amounts in	(a) Post-1986 Undistributed Earnings	(b) Pre-1987 E&P Not Previously Taxed	(c)Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns
	functional currency.	(post-86 section 959(c)(3) balance)	(pre-87 section 959(c)(3) balance)	(i) Earnings Invested in U S Property	(n) Earnings Invested in Excess Passive Assets	(III) Subpart F Incom	(a), (b), and (c))
1	Balance at beginning of year	-287,401					-287,401
2a	Current year E&P						
b	Current year deficit in E&P						
3	Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-287,401					
4	Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a	Actual distributions or reclassifications of previously taxed E&P						
b	Actual distributions of nonpreviously taxed E&P						
6a	Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b	Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-287,401					
7	Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-287,401					-287,401

DLN: 93493126012293

SCHEDULE M (Form 5471)

(Rev December 2010) Department of the Treasury Internal Revenue Service

Transactions Between Controlled Foreign Corporation and **Shareholders or Other Related Persons**

► Attach to Form 5471. See Instructions for Form 5471.

OMB No 1545-0704

Name of person filing Form 5471 FREEDOM HOUSE

Identifying number

13-1656647

Name of foreign corporation

FREEDOM HOUSE - HUNGARY

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule 🕨 HUNGARY, FORINT 201 231330000000

20:	23133000000					
	(a) Transactions of foreign corporation	(b) U S person filing this return	(c) Any domestic corporation or partnership controlled by U S person filing this return	(d) Any other foreign corporation or partnership controlled by U S person filing this return	(e) 10% or more U S shareholder of controlled foreign corporation (other than the U S person filing this return)	(f) 10% or more U S shareholder of any corporation controlling the foreign corporation
1	Sales of stock in trade (inventory)					
2	Sales of tangible property other than stock in trade					
	Sales of property rights (patents, trademarks, etc)					
	payments received					
6	Compensation received for technical, managerial, engineering, construction, or like services					
7	Commissions received					
8	Rents, royalties, and license fees received					
9	Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10	Interest received					
11	Premiums received for insurance or reinsurance					
12	Add line 1 through 11					
13	Purchases of stock in trade (inventory)					
14	Purchases of tangible property other than stock in trade					
	Purchases of property rights (patents, trademarks, etc) Platform contribution transaction					
	payments paid					
17	Cost sharing transaction payments paid		1	1	1	
18	Compensation paid for technical, managerial, engineering, construction, or like services					
19	Commissions paid					
	Rents, royalties, and license fees paid					
	Dividends paid					
23	Premiums paid for insurance or reinsurance					
24	Add lines 13 through 23					
25	A mounts borrowed (enter the maximum loan balance during the year) — see instructions					
26	A mounts loaned (enter the maximum loan balance during the year) — see instructions					
For	Paperwork Reduction Act Notice, see t	the Instructions for	Form 5471.	Cat No 4996.	30 Schedule M(Fe	orm 5471) (Rev 12-2010)

efile GRAPHIC pri	nt - DO	NOT PROC	ESS As Filed D	ata -				DLN: 9	34931	2601229
Schedule O (Form 5471)		_	nization or Re Corporation, a Dispositio	nd Acc	_l uisitio	ns and	eign) MB No	1545-070
Rev December 2005)			Dispositio	115 01 1	is side	· N			7115110	1313 070
Department of the Treasury Internal Revenue Service		•	Attach to Form 5471.	See instu	ctions for F	Form 5471.				
lame of person filing Fo	rm 5471							entifying		
REEDOM HOUSE								10000	•	
lame of foreign corpora REEDOM HOUSE - HU							•			
mportant: Comple	te a se j	parate Sch	edule O for each fo	reign cor	poration	for which	informati	on must .	be repo	orted
	Be Co	mpleted by	y U.S. Officers a	nd Direc						
(a) Name of shareholde acquisition information		d	(b) Address of shareholde	er .	Identifyin	(c) g number of eholder	(d) Date of oi 10% acqu	rıgınal	Date of	(e) additional cquisition
No	te: If th	nis return is e names of	y U.S. Sharehold required because of such persons and tion A—General S	one or m the date	each bec	ame a U.S			ns, atta	ch a list
		500	ion A General S				b)	turn filed. ind	lıcate	(c) Date (if any
Name, address, and Ide	entifying nu	(a) mber of shareho	older(s) filing this schedule	Type (er	(1) e of return iter form umber)		(2) eturn filed	(3 Internal R Service () evenue Center	shareholder I filed informat return unde section 6046 the foreigr corporatior
FREEDOM HOUSE 1301 CONNECTICUT WASHINGTON,DC 20 13-1656647				990		2012-0	2-15	OGDEN	, UT	2008-06-
Section	on B—U	.S. Person	s Who Are Office	rs or Di	rectors	of the Fo	reign Co	rporation	on ,	
(a Name of U S of		ctor	A	(b) ddress			Socia	(c) I Secunty Nu	ımber _	(d) heck approprious box(es) Officer Direct
DAVID KRAMER			2425 L ST NW 327 WASHINGTON, DC	20037						Х
										I
			Section C—Acc	quisition	of Stoc	k		(e)		<u> </u>
(a) Name of shareholder(s) fi schedule	ling this	(b) Class of stoc acquired	(6)	(d)	(1) Directly	Numbe	(e) r of shares a (2) Indirectly		(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D-Disposition of Stock

(a)	(b)	(c) Date of disposition	(d)	(e) Number of shares disposed of					
Name of shareholder(s) disposing of stock	Class of stock		Method of disposition	(1) Directly	(2) Indirectly	(3) Constructively			
FREEDOM HOUSE	COMMON	2011-09-15	LIQUIDATE	1					

(g)
Name and address of person to whom disposition of stock was made
FREEDOM HOUSE
1301 CONNECTICUT AVE NW
WASHINGTON, DC 20036

Section E—Organization or Reorganization of Foreigr	1 Corporation	
(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation								
(2) Fair market value	(3) Adjusted basis (if transferor was U S person)	Description of assets transferred by, or notes or securities issued by, foreign corporation						
	\- /	Fair market value Adjusted basis (if transferor was U.S.						

Section F-Additional Information

(a) If the foreign corporation or a predecessor U S corporation filed (or joined with a consolidated group in filing) a U S income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U S income tax paid (after all credits)

(b) List the date of any reorganization of the foreign corporation that occured during the last 4 years while any U S person held 10% or more in value or vote (directly or indirectly) of the corporation's stock

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example)

Additional Data

Software ID: Software Version:

EIN: 13-1656647

Name: FREEDOM HOUSE

Corporation, and Acquisitions and Dispositions of its Stock	efile GRAPHIC pri	nt - DC	NOT PROC	ESS	As Filed Da	ata -						DLN: 9	34931	260122	293
Dispositions of its Stock Dispositions of its S	Schedule O		_			_				ign					
Part I To Be Completed by U.S. Officers and Directors There a development of a linear formation and the properties of the foreign corporation for which information and the reported of the properties of the foreign corporation for which information and the reported of the properties of the foreign corporation for which information and the reported of the properties of the foreign corporation for which information and the reported of the foreign corporation for which information and the reported of the foreign corporation for which information and the reported of the foreign corporation of the foreign corpora	(Form 5471)		С	orp											
Part II To Be Completed by U.S. Officers and Directors Complete a separate Schedule O for each foreign corporation for which information must be reported	(Rev December 2005)				Disposition	ns of	f its S	Stocl	k			C	MB No	1545-07	⁷ 04
ARE DOM HOUSE LIKE ALTER	Department of the Treasury Internal Revenue Service		> /	Atta	ch to Form 5471. S	ee ins	st uct ior	ns for Fo	orm 5471.						
REDOM HOUSE - UKRAINE mportant: Complete a separate Schedule O for each foreign corporation for which information must be reported Part I To Be Completed by U.S. Officers and Directors (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Name of person filing Fo	rm 547:	1								Ident	tifying r	number		
Part I To Be Completed by U.S. Officers and Directors (a) Note: of this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. persons. Section A—General Shareholder Information (b) For shareholders, and identifying number of shareholder information in the information of	FREEDOM HOUSE										13-1	656647	7		
Part II To Be Completed by U.S. Officers and Directors (a) (b) (c) (d) (d) (d) (d) (d) (d) (d															
Part II To Be Completed by U.S. Officers and Directors (a) (b) (c) (d) (d) (d) (d) (d) (d) (d	Important: Complet	ta 2 ca	narate Sche	dul	a O for each for	eian a	cornor	ation fo	or which	inform	ation	must l	he reno	orted	
Name of Junction to the reported program of additional elasticidates and elasticidates and elasticidates and elasticidates. To Be Completed by U.S. Shareholders Note: 11 this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. persons. Section A—General Shareholder Information For shareholders based by income tax return field, indicate the shareholder shareholder shareholder information. (a) Persons Section A—General Shareholder information. (b) Type of Reum (control of Shareholder S															
PartII To Be Completed by U.S. Shareholders Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. persons. Section A—General Shareholders Information Section A—General Shareholders Information (a) Name, address, and identifying number of shareholder(s) filing this schedule (b) For shareholders latest U.S. mozone tax netum field, indicate control of the return field information service Certain (enter from control of the return field information service Certain field for the amenbody of the return field information service Certain field for the foreign composition. REEDOM HOUSE 301 CONNECTICUT AVE NM ASHINGTOR, DC 20036 Social Scoring Number Social Scoring Number Social Scoring Number Address Social Scoring Number Social Scoring Number Address Social Scoring Number Address Social Scoring Number Social Scoring Number A Mark SPIACE WASHINGTOR, DC 20015 OHN KUBINIEC Section C—Acquisition of Stock (a) Kurner of shares acquired (b) Kurner of States acquired (a) Kurner of States acquired (b) Kurner of States acquired (a) Kurner of States acquired (b) Kurner of States acquired (c) Kurner of States acquired (d) Kurner of States acquired (e) Kurner o	(a)				(b)			(4		Date		nal			
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information				A	ddress of shareholder										
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A—General Shareholder Information															
Section A—General Shareholder Information Comparison	No:	te: <i>If ti</i>	his return is i	requ	uired because o	ne or						persor	ns, atta	ch a list	
Name, address, and identifying number of shareholder(s) filing this schedule Comparison of the foreign corporation Comparison of the foreign corporation	sho	wing th								S. pers	on.				
Name, address, and identifying number of shareholder(s) filing this schedule (1) Type of return (enter form number) Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation (2) Internal Revenue Service Center where filed (3) Internal Revenue Service Center where filed (4) Type of return (enter form number) Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation (a) Name of U.S. Officer or director (b) Address Social Security Number (c) Officer Director (d) Officer Director Officer Director (a) Name of U.S. Officer or director Name of U.S. Officer or director (a) Date of a shareholder (s) Social Security Number (b) Name of U.S. Officer or director (c) Officer Director (d) Officer Director (d) Officer Director (d) Officer Director (e) Name of Shareholder (s) Social Security Number (e) Officer Director (e) Officer Director (e) Officer Director (f) Officer Director (g) Number of shareholder (s) Officer Director (h) Officer Direct												n filad in	dianta		anv)
Name, address, and identifying number of shareholder(s) filing this schedule Type of return (enter form number) REEDOM HOUSE 301CONNECTICUT AVE NM VASHINGTON, DC 20036 3-1656647 Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation (a) Name of US officer or director Address Social Security Number Social Security Number (b) Address Addr			(a)			-			latest U.S. i	ncome ta	x retur	· ·		shareholde	er last
REEDOM HOUSE 301CONNECTICUT AVE NM VASHINGTON, DC 20036 3-1656647 Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation (a) Name of U.S. Officer or director (b) Address Social Security Number (c) Officer Directors (d) Deck appropriate (b) Officer Officer (c) Officer Officer (d) Deck appropriate (d) Officer Director (d) Deck appropriate (d) Deck appropriate	Name, address, and ide	entifying n		older(s) filing this schedule	-	Type of	return	Data			Internal R	Revenue		
Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation Cecology									Date	ietuiii ii	leu				_
Address Social Security Number of Us officer or director ADRIAN KARATNYCKY Social Security Number of Director ADRIAN KARATNYCKY STANDARD SOCIAL SECURITY Number of Director ADRIAN KARATNYCKY STANDARD SOCIAL SECURITY Number of Shares acquired ADRIAN KARATNYCKY STANDARD SOCIAL SECURITY Number of Shares acquired ADRIAN KARATNYCKY STANDARD SOCIAL SECURITY Number of Shares acquired ADRIAN KARATNYCKY SOCIAL	FREEDOM HOUSE 1301CONNECTICUT AVE NM WASHINGTON, DC 20036 13-1656647					9	990								
(a) Name of U S officer or director Address Social Security Number Social Security Number ADRIAN KARATNYCKY ADRIAN KARATNY															
(a) Name of U S officer or director Address Social Security Number Social Security Number ADRIAN KARATNYCKY ADRIAN KARATNY															
Name of U.S. officer or director ADRIAN KARATNYCKY ADRIAN KARATNYCKY ADRIAN KUBINIEC Social Security Number 53 ST MARKS PLACE WASHINGOTN, DC 20015 19 MIDDLESEX RD BUFFALO, NY 14216 Section C—Acquisition of Stock (a) Name of shareholder(s) filing this schedule (b) Class of stock acquired ac						\top									
Name of U.S. officer or director ADRIAN KARATNYCKY ADRIAN KARATNYCKY ADRIAN KUBINIEC Social Security Number 53 ST MARKS PLACE WASHINGOTN, DC 20015 19 MIDDLESEX RD BUFFALO, NY 14216 Section C—Acquisition of Stock (a) Name of shareholder(s) filing this schedule (b) Class of stock acquired ac															
(a) Name of U S officer or director Address Social Security Number Social Security Number ADRIAN KARATNYCKY ADRIAN KARATNY	Section	n B—l	J.S. Persons	s W	ho Are Officer	s or	Direc	tors o	f the Fo	reign	Corp	oratio	on		
Name of U.S. officer or director ADRIAN KARATNYCKY DATE OF HIGH PROBLEM CONTROL OF SOCIAL Security Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY Number of Director XX DATE OF THE OF SOCIAL SECURITY NUMBER OF DIFECTOR XX DATE OF THE OF SOCIAL SECURITY NUMBER OF DIFFETOR XX DA															priate
ADRIAN KARATNYCKY DATE OF THE WASHINGOTN, DC 20015 OHN KUBINIEC Section C—Acquisition of Stock (a) Name of shareholder(s) filing this schedule ADRIAN KARATNYCKY Section C—Acquisition of Stock (b) Class of stock acquired acquired acquired acquired acquired ADRIAN KARATNYCKY WASHINGOTN, DC 20015 X X X Method of acquisition (b) Class of stock acquired ADRIAN KARATNYCKY ACQUIRED ADRIAN KARATNYCKY Number of shares acquired Method of acquisition (1) (2) (3)	Name of U S off	icer or dir	ector							9	iocial Se	ecurity Nu	mber _	box(es)	•
OHN KUBINIEC 19 MIDDLESEX RD BUFFALO, NY 14216 Section C—Acquisition of Stock (a) Name of shareholder(s) filing this schedule Schedule Acquired	ADRIAN KARATNYCKY	,		l .			:						<u> </u>		
Section C—Acquisition of Stock (a) (b) (c) (c) (d) Number of shares acquired scaulifed acquired acquired acquired (a) (b) (c) (c) (d) (d) (d) (d) (d) (e) (d) (e) (d) (d) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	10 HN KURINIEC 19 MIDD			MIDDLESEX RD				\dashv				_	х		
(a) Name of shareholder(s) filing this schedule													ſ		
(a) (b) (c) (d) Number of shares acquired scaulifed acquired acquired (Date of acquisition (D				S	Section C—Acq	<u>ui</u> siti	ion of	Stock	<u> </u>						
Name of shareholder(s) filing this schedule Class of stock acquired Date of acquisition Method of acquisition (1) (2) (3)					_					Nui	nber of		cquired		
Directly Indirectly Constitutively		ing this		<		Method		ısıtıon				(2)			
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or Panaguark Peduction Act Natice see the instructions for Form 5471 (21 No. 612000) Schedule O (Form 5471) (Pay 12-2005															_

Section D—Disposition of Stock Section D—Disposition of Stock (a) Name of shareholder(s) disposing of stock (b) Class of stock (c) Date of disposition Method of disposition of stock was made
(a) Name of shareholder(s) disposing of stock (b) Class of stock (c) Date of disposition (d) Method of disposition (1) Directly Indirectly Constructively (d) Number of shares disposed of (1) Directly Indirectly (1) Constructively (1) Constructively (2) Constructively (3) Constructively
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stock Class of stock Directly Indirectly Constructively (f)
(f) (a)
(f) Amount received Name and address of person to whom disposition of stock was made
(f) Amount received Name and address of person to whom disposition of stock was made
(f) (g) Amount received Name and address of person to whom disposition of stock was made
Section E—Organization or Reorganization of Foreign Corporation (a) (b) (c)
Name and address of transferor Identifying number (if any) Date of transfer
(d)
Assets transferred to foreign corporation (e)
(1) Description of assets (2) Adjusted basis (if transferor was U S person) Description of assets transferred by, or notes of securities issued by, foreign corporation
person)

Section F-Additional Information

(a) If the foreign corporation or a predecessor U S corporation filed (or joined with a consolidated group in filing) a U S income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U S income tax paid (after all credits)

(b) List the date of any reorganization of the foreign corporation that occured during the last 4 years while any U S person held 10% or more in value or vote (directly or indirectly) of the corporation's stock

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example)

Additional Data

Software ID: Software Version:

EIN: 13-1656647

Name: FREEDOM HOUSE

TY 2011 Category 3 filer statement

Name: FREEDOM HOUSE

EIN: 13-1656647

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	N/A	FREEDOM HOUSE	1301 CONNECTICUT AVE NW FLOOR 6 WASHINGTON, DC 20036	13-1656647	1

TY 2011 Category 3 filer statement

Name: FREEDOM HOUSE

EIN: 13-1656647

Amount Type Of Of Indebtedness Indebtedness		Name	Address	Identifying Number	Number Of Shares
N/A		FREEDOM HOUSE	1301 CONNECTICUT AVE NW FLOOR 6 WASHINGTON, DC 20036	13-1656647	

Additional Data

Software ID: Software Version:

EIN: 13-1656647

Name: FREEDOM HOUSE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code) (Expenses \$	1,800,144	ıncludıng grants of \$	930,629) (Revenue \$)
ASSISTANCE TO T LARGEST HUMAN EXTENSIVE PROG TO DISCHARGE IT RIGHTS ISSUES, A	THE ETHIOPIAN HUMAN RIG RIGHTS NGO, THE ETHIOPIA RAMMATIC AND TRAINING I S RESPONSIBILITIES AND	HTS COMMIS AN HUMAN RI EXPERIENCE, FO HELP UPG ONITORING A	SSION (EHRC), A GOV IGHTS COUNCIL (EHF , THIS INITIATIVE SE RADE EHRCO'S TOOI .ND REPORTING, AND	GRAM IN ETHIOPIA PROVIDES TECTOR PROVIDES TO SHARING OF NEW TECHNOLOGIE	COUNTRY'S DUSE'S ITY OF EHRC FING HUMAN
(Code THE RIGHT TO DE) (Expenses \$ FEND HUMAN RIGHTS IN VE	, ,	including grants of \$	1,013,642) (Revenue \$)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

of in 990, Part III - 4 Program Service Accomplishments (See the Instructions)									
4d. Other program s	services								
(Code OTHER PROGRAMS) (Expenses \$ S	17,260,061	including grants of \$	5,324,618) (Revenue \$)				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the	(W- 2/1099- MISC) organization and related organizations 0	
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organızatıons (W- 2/1099-	from the organization and related
WILLIAM H TAFT IV CHAIRMAN OF THE BOARD	1 00	Х		х				0	0	0
THOMAS A DINE VICE CHAIRMAN	1 00	Х		х				0	0	0
RUTH WEDGWOOD VICE CHAIRMAN	1 00	Х		Х				0	0	0
JOHN NORTON MOORE SECRETARY	1 00	Х		×				0	0	0
DAVID NASTRO TREASURER	1 00	Х		Х				0	0	0
KENNETH ADELMAN TRUSTEE	1 00	Х						0	0	0
ZAINAB AL-SUWAIJ TRUSTEE	1 00	Х						0	0	0
GOLI AMERI TRUSTEE	1 00	Х						0	0	0
STUART APPELBAUM TRUSTEE	1 00	Х						0	0	0
SUSAN J BENNETT TRUSTEE	1 00	Х						0	0	0
DENNIS C BLAIR TRUSTEE	1 00	Х						0	0	0
JAMES H CARTER TRUSTEE	1 00	Х						0	0	0
ANTONIA CORTESE TRUSTEE	1 00	Х						0	0	0
LEE CULLUM TRUSTEE	1 00	Х						0	0	0
CHARLES DAVIDSON TRUSTEE	1 00	Х						0	0	0
KIM G DAVIS TRUSTEE	1 00	Х						0	0	0
PAULA J DOBRIANSKY TRUSTEE	1 00	Х						0	0	0
ALAN P DYE TRUSTEE	1 00	Х						0	0	0
REBECCA G HAILE TRUSTEE	1 00	Х						0	0	0
D JEFFREY HIRSCHBERG TRUSTEE	1 00	Х						0	0	0
KENNETH I JUSTER TRUSTEE	1 00	Х						0	0	0
KATHRYN DICKEY KAROL TRUSTEE	1 00	Х						0	0	0
JIM KOLBE TRUSTEE	1 00	Х						0	0	0
JAY MAZUR TRUSTEE	1 00	Х						0	0	0
THEODORE N MIRVIS TRUSTEE	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ALBERTO MORA TRUSTEE	1 00	Х						О	0	0
JOSHUA MURAVCHIK TRUSTEE	1 00	Х						0	0	0
ANDREW NATHAN TRUSTEE	1 00	Х						0	0	0
DIANA VILLIERS NEGROPONTE TRUSTEE	1 00	Х						0	0	0
LISA B NELSON TRUSTEE	1 00	Х						0	0	0
MARK PALMER TRUSTEE	1 00	Х						0	0	0
SCOTT SIFF TRUSTEE	1 00	Х						0	0	0
RICHARD S WILLIAMSON TRUSTEE	1 00	Х						0	0	0
WENDELL L WILLKIE II TRUSTEE	1 00	Х						0	0	0
RICHARD N WINFIELD TRUSTEE	1 00	Х						0	0	0
JENNIFER WINDSOR TRUSTEE	1 00	Х						0	0	0
DAVID J KRAMER PRESIDENT	40 00			х				175,090	0	5,614
QUOC-HUY NGUYEN CFO	40 00			х				174,275	0	29,481
JACQUELYN J BENNETT COO	40 00				х			153,633	0	24,333
ROBERT HERMAN VP FOR REGIONAL PROGRAMS	40 00					Х		150,460	0	30,878
LISA DAVIS SENIOR ADVISOR FOR RIGHTS & JUSTICE INITIATIVES	40 00					х		141,340	0	23,058
DANIEL CALINGAERT EXECUTIVE VP	40 00					х		136,295	0	30,415
ARCHER PUDDINGTON VP FOR RESEARCH	40 00					Х		132,986	0	27,921
JENNIFER KOLIBA SENIOR ADVISOR FOR COMPLIANCE	40 00					Х		126,163	0	19,084