OMB No 1545-0047

2018

Revenue

10

13

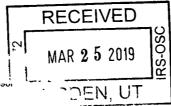
14

15 16a

18 19

20





om 990	Under section	of Organizat	of the Internal Rever	N, UT t From In	come Tax
repartment of the Treasury	▶ Got	o www.irs.gov/Form99	0 for instructions a	nd the latest inf	ormation.
For the 2018 cal	lendar year, or tax y	ear beginning		and end	ing
Check if applicable	C Name of organization	Foundation for Am	encan Freedom		D Employer i
Address change	Doing business as	Foundation for Americ	an Freedom		
7	Number and street (o	PO box if mail is not delive	red to street address)	Room/suite	46-5511681
Name change	PO Box 1060				E Telephone r
Initial return	City or town		State	ŽIP code	

Final return/terminated

Tex-exempt status J Website: ► N/A

K Form of organization

ne Treasury	Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions an		-	•							
2018 ca	lendar year, or tax year beginning	_	d ending								
pplicable.	C Name of organization Foundation for American Freedom		a enaing	D Employer	identific	cation number					
hange	Doing business as Foundation for American Freedom		-								
	Number and street (or PO box if mail is not delivered to street address)	Room/suite	е	46-5511681							
inge	PO Box 1060			E Telephone							
m	City or town State	ZIP code		727-623-09	34						
	Alexandra VA 22313										
terminated	Foreign country name Foreign province/state/county	Foreign po	stal code								
return				G Gross rec	eipts \$	4,99	<u>5,000</u>				
n pending	F Name and address of principal officer	-	H(a) is th	rutien quong a as	or subord	inates? Yes	(No				
	Mary Kathanne Brewer PO Box 1060, Alexandria, VA 22313	λ -		all subordinate	es include	ed? Yes	Ħ No.				
ot status.	X 501(c)(3) 501(c) () ◀ (insert no) 4947(e)(1)		- 1	No," attach a le			_				
		<u> </u>	-								
: ► N/A		—	H(c) Gn	oup exemption							
ganızatıon	X Corporation Trust Association Other ▶	L	Year of forms	tion 2014	M St	tate of legal domicile	DE				
Sui	mmary										
Bnefty d	escribe the organization's mission or most significant activities	s F	oundation	for America	n Freed	dom funds,					
promote	s, sponsors and facilitates independent nonpartisan education	nal and re	elated								
	s dedicated to improving the lives of Americans										
	his box I if the organization discontinued its operations	or dienoe	ed of mon	than 25%	of its no	et accete					
	of voting members of the governing body (Part VI, line 1a)	or dispos	cu oi illoit	5 than 2070	3	Ct doocto	3				
	of independent voting members of the governing body (Part Vi, line 1a)	/L line 1h	v.	•	4	· · · · ·	3				
			")		5	-					
	mber of individuals employed in calendar year 2018 (Part V, III	ne za)			6		1				
	mber of volunteers (estimate if necessary) .										
	related business revenue from Part VIII, column (C), line 12	•	•		7a		0				
Net unre	elated business taxable income from Form 990-T, line 38		 		7b		0				
O	A (D-43/III L 4b)		<u> </u>	Prior Year		Current Year	E 000				
	tions and grants (Part VIII, line 1h)	•	<u> </u>	1,06	7,938	4,99	5,000				
•	service revenue (Part VIII, line 2g)				이		0				
	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-			0		0				
	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		·		0		0				
	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12) .	_		7,938		5,000				
	and similar amounts paid (Part IX, column (A), lines 1–3)	-		975	5,500	4,81	7 <u>,200</u>				
	paid to or for members (Part IX, column (A), line 4)				이		0				
Salanes,	other compensation, employee benefits (Part IX, column (A), lines	5–10)			0	5	0,000				
Professi	onal fundraising fees (Part IX, column (A), line 11e)				0		<u> 2,000</u>				
Total fur	ndraising expenses (Part IX, column (D), line 25)	2,4	29 7. 3.7	於一門機	·**·-	"在心理"。 "我一个					
Other ex	rpenses (Part IX, column (A), lines 11a–11d, 11f–24e)			16	3,657	1	9,224				
Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line	25) .		992	2,157	4,88	8,424				
Revenue	e less expenses Subtract line 18 from line 12			75	781	10	6,576				
			Beginn	ing of Current	Year	End of Year					
Total ass	sets (Part X, line 16)		Į	118	3,484	22	5,060				
Total liab	cilities (Part X, line 26)				0		0				
Net asse	ets or fund balances Subtract line 21 from line 20			118	3,484	22	5,060				
	nature Block										
s of penun	y, I declare that I have examined this return, including accompanying schedules					1					
true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all info	mation of w	vhich prepare								
	Mary Calleanne Friver			3/1	8/201	.y					
	Signature of officer			Date							
1 k	Many Kathanna Prower	D	recident								

21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an and complete. Declaration of preparer (other than officer) is based on all information of which pro-Mary Lalleanine Frieder Sign Signature of officer Here Mary Katharine Brewer Preside Type or print name and title Pnnt/Type preparer's name Check X if In Proch, CPA Paid 3/14/2019 P00298677 Jonathan T Proch, CPA self-employed Preparer Firm's name > Jonathan T Proch LLC CPA Firm's EIN > 20-0762207 **Use Only** 301-253-8686 Firm's address ► 1 Research Ct., Ste 450, Rockville, MD 20850 X No May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2018) For Paperwork Reduction Act Notice, see the separate instructions.

For 19	Foundation for American Freedom		46-5511681	Page 2
	Check if Schedule O contains a response			
1	Briefly describe the organization's mission			
	Foundation for American Freedom funds, promotes, spor nonpartisan educational and related activities dedicated to			
	Americans	o iniproving the lives of		
2	Did the organization undertake any significant program significant	ervices during the year which were not liste		
	the prior Form 990 or 990-EZ?		L Yes	X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significal	nt changes in how it conducts, any program	n	
3	services?		Tyes	X No
	If "Yes," describe these changes on Schedule O.		_	_
4	Describe the organization's program service accomplishing			
	expenses Section 501(c)(3) and 501(c)(4) organizations the total expenses, and revenue, if any, for each program		s and allocations to others,	
	the total expenses, and revenue, it any, for each program	i service reported		
4a	(Code) (Expenses \$ 4,768,057	including grants of \$ 4,767,200)	(Revenue \$)
	Provided grants that educated the public through investig	ative journalism		
	•			
		_		
		50,000	/D	
4b	(Code) (Expenses \$ 50,000 Provided grants to educate and cultivate the next general	including grants of \$ 50,000)	(Revenue \$)
	leaders			
		-		
		-		
4c	(Code) (Expenses \$	including grants of \$)	(Revenue \$)
		·····		
4d	, ,	0) (Revenue \$	0)	
40	(Expenses \$ 0 including grants of \$	818.057		

Part IV Checklist of Required Schedules

e II	Oneckinst of Nedurea Ochedules		Ι	T
	In the control of the description of the COA/SVOV or AOA7/SVAV /Abbandhan a ground foundation VO If IIV/so II		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	×	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	_
٠	candidates for public office? If "Yes," complete Schedule C, Part I	3	ŀ	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	İ		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		١.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		X
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, line 10? If "Yes," complete Schedule D, Part VI	11a		x
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u></u>		-^-
•	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11ь		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	42-		
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	X	
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ X_
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			.,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		_
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	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		Х
02	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A) line 12 If "Yes," complete Schedule I, Parts I and II.	21	l x l	

Foundation for American Freedom

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		Х
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 lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		^
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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 IV .	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
32	If "Yes," complete Schedule N, Part II	32		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	\vdash	_X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par			1	\Box
	Check if Schedule O contains a response or note to any line in this Part V	• •	<u>. </u>	
		$\overline{}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 6	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	gaining (gamoining) withinings to prize withiers.		990	(2018)
			1	/

excess parachute payment(s) during the year

If "Yes," complete Form 4720, Schedule O

16

If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .

15

16

	990 (2018) Foundation for American Freedom 46-55			age O
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	e insi	ruction	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Sec	ion A. Governing Body and Management			
		\Box	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		i '	1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		ĺ	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	<u> </u>		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Χ_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			_
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy, an	d	
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Liberty Consultants 727-623-0934			
	740 4th Street North, Suite 307, Saint Petersburg, FL 33701			

Form 990 (2018)	Foundation for American Freedom									46-55116	81 Page 7
Part VII											
	Employees, and Independent C Check if Schedule O contains a r		te to	an	v lır	ne ii	n this	Pa	art VII		🗖
Section A.	Officers, Directors, Trustees, Key E				_			_			
1a Complete t	his table for all persons required to be									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 compensati	of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid										
 List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) 											
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations											
	 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations 										
List all c	of the organization's former directors	or trustees that	recei	ved,	, ın 1	he o	capac				the
	more than \$10,000 of reportable compe										
•	n the following order. individual trustees employees, and former such persons	s or directors, ins	ututic	onai	trus	itee	s, om	cers	s; key employees	s, nignest	
Check this	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
•						C)					
	(A)	(B) Average			neck		than c		(D) Reportable	(E) Reportable	(F) Estimated
	Name and Title	hours per week (list any	box, unless person is both an officer and a director/trustee)						compensation	compensation from related	amount of other
		hours for related	Individual or director	F	⊞. ວ.	Keye	dighe emplo	f · attnot	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	Individual trustee or director	he-Miden il tio, tari	۔ ا	employee	st cor	ñ	(W-2/1099-MISC)	(**-21033-181100)	organization and related
		line)	ruste	l to the		yee	npen				organizations
				an a			Highest compensated employee				
(1) Mary Ka	atharine Brewer	1 00									-,-
Director, Presi		0 00	Х	_	X	<u> </u>		_	25,000		
(2) Emily M	lacLean etary/Treasurer	10 00 0 00	×		×				25,000		
(3) Jaime S		1 00	<u> </u>		Ĥ				20,000		
Director		0 00	Х	_							
(4)											
(5)			-								
(6)											
(7)										:	
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
								1		· I	

(A)

Name and title

Part VII

(15)

(18)

(19)

(20)

more than \$100,000 of compensation from the organization

		i				
(21)						
(22)						
(23)						
(24)			-			
(25)						
1b	Sub-total . 50,000	0				
c	Total from continuation sheets to Part VII, Section A	0			7	
d	Total (add lines 1b and 1c).	ō				
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of					
_	reportable compensation from the organization 0					
				Yes	No	
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated					
	employee on line 1a? If "Yes," complete Schedule J for such individual	ŀ	3	├	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from	-				
	the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	ļ.				
	individual	·	4	<u> </u>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	- 1				
	for services rendered to the organization? If "Yes," complete Schedule J for such person		5		X	
Sec	tion B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization year.	on's t	ax			
-	(A) (B)		(C	:)		
	Name and business address Description of services	С	•	, nsation		
					(
					(
					(
					(
					(
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					

(C) Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

Key chipleyee only won Habo Leonjen

Office in

Individual trusteo

Institutional turston

Average

hours per

week (list any

hours for

related

organizations below dotted

line)

Reportable

compensation

from

the

organization (W-2/1099-MISC)

1011101

Reportable

compensation from related

organizations

Total. Add lines 11a-11d

Total revenue. See instructions

0

4.995.000

	990 (2018) Foundation for American Freedom			46-551	1681 Page 10
Pa	rt IX Statement of Functional Expenses	<u> </u>			<u> </u>
<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must complete all			omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX .	·	<u>. </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program serviceexpenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	İ			
_	domestic governments See Part IV, line 21	4,817,200	4,817,200		
2	Grants and other assistance to domestic		j		
3	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees .	50,000		50,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	_			
_	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	_0			
11	Fees for services (non-employees)	اه			
a b	Management Legal	2,556	511	1,789	256
C	Accounting	11,234	311	11,234	250
d	Lobbying	0		11,204	
e	Professional fundraising services See Part IV, line 17	2,000			2,000
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O)	i ol		o	
12	Advertising and promotion .	0			
13	Office expenses .	313		313	
14	Information technology	0			
15	Royalties	0			
16	Occupancy .	750		750	
17	Travel	636	127	445	64
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0		1.105	100
19 20	Conferences, conventions, and meetings	1,433	219	1,105	109
20 21	Interest	0			
22	Depreciation, depletion, and amortization	0		0	0
 23	Insurance	2,302		2,302	<u>~</u>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ĺ	[[
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		0			
b		0			
C	***************************************	0			
d		0			
е	All other expenses	0			
<u> 25</u> _	Total functional expenses. Add lines 1 through 24e	4,888,424	4,818,057	67,938	2,429
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	[1	
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720).			İ	
	10110WILLY 001 30-2 (A30 330-120).				

Organizations that do not follow SFAS 117 (ASC958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 30 through 34.

Total net assets or fund balances.

30

31

32

33

46-5511681 Form 990 (2018) Foundation for American Freedom Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 225,060 Cash-non-interest-bearing . . . 118,484 2 2 Savings and temporary cash investments 0 0 3 0 Pledges and grants receivable, net 3 0 4 0 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 organizations (see instructions) Complete Part II of Schedule L . . . ol 7 7 Notes and loans receivable, net . 0 8 Inventories for sale or use 0 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 0 0 10c Less accumulated depreciation b 0 11 0 Investments—publicly traded securities 11 0 0 12 12 Investments—other securities See Part IV, line 11 0 0 Investments—program-related See Part IV, line 11 13 13 ol 14 0 14 Intangible assets Other assets See Part IV, line 11. ol 15 0 15 118,484 16 225,060 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 17 17 Accounts payable and accrued expenses 0 18 18 Grants payable 19 Deferred revenue 0 19 0 20 Tax-exempt bond liabilities 20 ol 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . 23 ol 0 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 0 of Schedule D 0 25 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > | X | and Balances complete lines 27 through 29, and lines 33 and 34. 118,484 27 225.060 27 Unrestricted net assets . . 28 28 Temporarily restricted net assets. 0 0 29 Permanently restricted net assets. 29 or Fund

Form 990 (2018)

225,060

225,060

0 30

ol 31

0 32

33

34

118,484

118,484

Form !	990 (2018) Foundation for American Freedom	4	6-5511681	Pag	_ю 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> _. </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,995	5,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,888	3,424
3	Revenue less expenses. Subtract line 2 from line 1	3		106	<u>5,576</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		118	3,484
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		225	5,060
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		•		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		×
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	<u></u>		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		3a		x
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		3b		
			Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ.
So to www.irs.gov/Form990 for instructions and the latest information.

ternal Revenue Service Solvies Service Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 46-5511681

rour	lual	ion for American Freedom					70-00	11001				
Par		Reason for Public Char										
The	orga	anization is not a private foundat	ion because it is (F	or lines 1 through 12,	check only	y one box)					
1		A church, convention of church	es, or association o	of churches described i	n section	170(b)(1)	(A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990 or 99	90-EZ))		Λ 7				
3	\Box	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	襾	A medical research organization						nter the				
-	ш	hospital's name, city, and state		·								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6												
7	X	An organization that normally redescribed in section 170(b)(1)	eceives a substanti	al part of its support fro				ral public				
8		A community trust described in			11)							
9	Ħ	An agricultural research organi				d in coniui	nction with a land-gra	ant college				
		or university or a non-land-grar university	nt college of agricult	ture (see instructions).	Enter the	name, city	y, and state of the co	llege or				
10		An organization that normally receipts from activities related t	eceives: (1) more the	nan 33 1/3% of its supp ons—subject to certain	ort from co	ontributions, and (2)	ns, membership fees no more than 33 1/3	s, and gross 3% of its				
		support from gross investment acquired by the organization af	income and unrelat	ed business taxable in	come (les	s section	511 tax) from busine					
11		An organization organized and	operated exclusive	ly to test for public safe	ety Sees	ection 509	9(a)(4).					
12	靣	An organization organized and	operated exclusive	ly for the benefit of, to	perform th	ne function	is of, or to carry out	the purposes				
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
а	[Type I. A supporting organization(s	s) the power to regu	ılarly appoint or elect a	by its supp majority o	oorted org of the dire	anization(s), typically ctors or trustees of th	y by giving ne supporting				
	ı	organization You must con Type II. A supporting organi	•		on with ite	cupporto	d organization(s) by	/ having				
b	L	control or management of the organization(s) You must o	ne supporting organ	ization vested in the sa	ame perso	ns that co	introl or manage the	supported				
С	[Type III functionally integr	ated. A supporting	organization operated i				rated with,				
d	ſ	its supported organization(s Type III non-functionally in						ianization(s)				
u	L	that is not functionally integr	ated The organizat	tion generally must sati	isfy a distr	bution re	quirement and an att	tentiveness				
		requirement (see instruction	s) You must comp	olete Part IV, Sections	A and D	, and Part	t V .					
е	Į	Check this box if the organiz	ation received a wr	itten determination froi	n the IRS	that it is a	ı Type I, Type II, Typ	e III				
		functionally integrated, or Ty		ally integrated supporting	ng organiz	ation		<u></u>				
f g		Enter the number of supported of Provide the following information	•	ed organization(s)								
9		Name of supported organization	(ii) EIN	(III) Type of organization	(ıv) is the o	organization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1–10		ur governing ment?	support (see instructions)	other support (see instructions)				
				above (see instructions))	docu	illetit?	insuucuons)	ilisu dedolis)				
					Yes	No						
(A)												
(B)												
(C)												
						ļ		<u>.</u>				
(D)												
(E)												
Tota	 I				<u> </u>		0	0				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	•	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			2,121,333	1,060,022	1,067,938	4	,995,000	9,244,293
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	:							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		r						0
4	Total. Add lines 1 through 3		0	2,121,333	1,060,022	1,067,938	4	,995,000	9,244,293
	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)								
	Public support Subtract line 5 from line 4			<u> </u>					9,244,293
	tion B. Total Support	_	(-) 0044	(h) 2045	(*) 2046	(4) 2017	/a\	2010 T	(O Total
	ndar year (or fiscal year beginning in)	•	(a) 2014	(b) 2015	(c) 2016	(d) 2017		2018	(f) Total
	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from		0)	2,121,333	1,060,022	1,067,938	4	,995,000	9,244,293
	similar sources			250					250
9	Net income from unrelated business activities, whether or not the business is regularly carried on								0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								0
11	Total support. Add lines 7 through 10								9,244,543
12	Gross receipts from related activities, etc	c (s	ee instructions)			Į	12		
	First five years. If the Form 990 is for the organization, check this box and stop he	ere	<u> </u>		, or fifth tax year a	s a section 501(c)(3)		▶ X
	tion C. Computation of Public Public support percentage for 2018 (line				<u></u>		14		0 00%
	Public support percentage from 2017 Sc				"	ł	15	· · · · · · · · · · · · · · · · · · ·	0 00%
	33 1/3% support test—2018. If the org				and line 14 is 33 1	l 1/3% or more, chec		OY	0 00 70
	and stop here. The organization qualified	es as	a publicly support	ed organization					▶ 🗌
	33 1/3% support test—2017. If the org box and stop here. The organization qu					5 00 170 % OF MOTE,	CHECK		▶ 🗌
	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization	ets 1	he "facts-and-circu	ımstances" test, ch	eck this box and st	t op here . Explain i	n		▶ □
	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Explain in Part VI how the organization r supported organization	on m	eets the "facts-and	l-circumstances" te	st, check this box a	and stop here.			₽ □
	Private foundation. If the organization instructions	dıd r	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see			- □

46-5511681 Page 3

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

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

900	etion A. Public Support	ally dilder the	tooto notou pois	ow, picaco com	pieto i die iii)		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1		(a) 2014	(6) 2010	(0) 2010	(4) 2017	(0) 2010	(1) - (1)
•	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						0
4	Tax revenues levied for the						·
•	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	/0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				0
C	Add lines 10a and 10b	"ő	0	0	_0	0	0
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	/					0
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12)	0	0	0]	0	0	0
14	First five years. If the Form 990 is for the or	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	. —
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Sup						
	Public support percentage for 2018 (line 8, co			(f))		15	0 00%
	Public support percentage from 2017 Schedu			<u></u> -		16	0 00%
Sec	tion D. Computation of investmen	<u>it Income Perc</u>	entage			<u> </u>	
17	Investment income percentage for 2018 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2017 So					18	0 00%
19a	33 1/3% support tests 2018. If the organiz					and line 17 is	. —
	not more than 33 1/3% check this box and s	•	•		=	0.4/00/	P [
b	33 1/3% support tests—2017. If the organization						, [T
	line 18 is not more than 33 1/3%, check this l	•	_				[]
20	Private foundation. If the organization did n	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	1	· · ·

Part IV Supporting Organizations

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

eci	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	Γ	103	110
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	_	
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ja	(b) and (c) below			
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 54		
Ь	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	35		
С	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
		130		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	-+a	\vdash	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	45		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	j		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1-		
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN] [
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1 1		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	_	
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<u> </u>		
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a_		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	 -		_
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		
	σοτοργήρο μεροτρος της ογαρητρίτου που έντεςς πείσεις ποίσειος 1	1.11117		

	lule A (Form 990 or 990-EZ) 2018 Foundation for American Freedom	46-5511681		Page 5
Part	IV Supporting Organizations (continued)		T	T . :
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	442	·	-
	below, the governing body of a supported organization?	11a	+	┼
b	A family member of a person described in (a) above?	11b		+-
Soci	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Partition B. Typo I Supporting Organizations	t VI. 11c		<u> Т. —</u>
Seci	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors trustees or membership of one or more connected arganizations have the newer to		162	HO
'	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		l	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	.d	l	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	├─	┼
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	·		
	supervised, or controlled the supporting organization	2	-	1
Sect	tion C. Type II Supporting Organizations		L	
Jeçi	ion c. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	1.00
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		1
Sect	ion D. All Type III Supporting Organizations			
0000	ion b. All Type in outporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of]	ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided			1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			\vdash
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	70.1		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	 -		
•	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			Ь—
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	/see instruction	e)	
' a	The organization satisfied the Activities Test Complete line 2 below	(see mstruction	3)	
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government	t entity (see instrui	ctions	;)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]
	those supported organizations and explain how these activities directly furthered their exempt purposes	i.	ł	1
	how the organization was responsive to those supported organizations, and how the organization determine			ŀ
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mor			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		Ì	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	 -	 	\vdash
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of		\vdash	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			
	or no supported digarination of too, december it with the follo played by the organization in this regular			

Schedule A (Form 990 or 990-EZ) 2018 Foundation for American Freedom		46-5	5511681	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	t on Nov 20, 1970 (explain	ın Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting orga	nızatıo	ns must complete Sections	s A through E	<u>: </u>
Section A - Adjusted Net Income		(A) Pnor Year	(B) Curren (option	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4	0		0
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or		- '''		
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0		0
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Curren (option	
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)				
a Average monthly value of secunties	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		0
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)				ŀ
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0		0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4	0		0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		0
6 Multiply line 5 by 035	6	0		0
7 Recoveries of prior-year distributions	7	.0		0
8 Minimum Asset Amount (add line 7 to line 6)	8	0		0
Section C - Distributable Amount			Current \	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			0
2 Enter 85% of line 1	2			0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			0
4 Enter greater of line 2 or line 3	4			0
5 Income tax imposed in prior year	5		_	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			0
7 Check here if the current year is the organization's first as a non-functional	ly integ	grated Type III supporting of	organization	(see
instructions)				

Schedule	A (Form 990 or 990-EZ) 2018 Foundation for American Freed			6-5511681	Page /
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)		
Section	on D - Distributions			Current \	ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exempted				
	organizations, in excess of income from activity				
	Administrative expenses paid to accomplish exempt purpos				
	Amounts paid to acquire exempt-use assets	<u> </u>			
	Qualified set-aside amounts (pnor IRS approval required)	·····		<u>-</u> .	
6	Other distributions (describe in Part VI) See instructions				
	Total annual distributions. Add lines 1 through 6				0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive		
	(provide details in Part VI) See instructions				
9	Distributable amount for 2018 from Section C, line 6		····		0 000
10	Line 8 amount divided by line 9 amount	 	/::\	/:::\	0 000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributa Amount for	
1	Distributable amount for 2018 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required—explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2018				
a	From 2013 . 0				
b	From 2014 0				
C	From 2015 0		··- -		
	From 2016 0				
	From 2017 . 0				
	Total of lines 3a through e	0	0		
<u>g</u>	Applied to underdistributions of prior years				 '
	Applied to 2018 distributable amount				<u>~</u>
i	Carryover from 2013 not applied (see instructions)	0			
	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from	<u> </u>			 i
4	Section D, line 7 \$ 0				
a	Applied to underdistributions of prior years		0		
<u>a</u> b	Applied to Underdistributions of prior years Applied to 2018 distributable amount		·····		'
C	Remainder Subtract lines 4a and 4b from 4	0			<u>`</u>
5	Remaining underdistributions for years prior to 2018, if			· · · · · ·	i
•	any. Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI See instructions		0		
6	Remaining underdistributions for 2018 Subtract lines 3h				·····
•	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				0
7	Excess distributions carryover to 2019. Add lines 3j				
-	and 4c	0			
8	Breakdown of line 7:				
•	Excess from 2014 0				
b	Excess from 2015 0				
С	Excess from 2016.				
d	Excess from 2017 0				
е	Excess from 2018 0				

Schedule A (Fo	orm 990 or 990-EZ) 2018 Foundation for	American Freedom	46-5511681	Page 8
Part VI		the explanations required by Part II, line 10, Part II, line 17a		
		2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part I		
		ne 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, line		
	3a, and 3b; Part V, line 1; Part V, Sed	ction B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part	V, Section E,	
		art for any additional information. (See instructions)		
	miles 2, e, and en also complete and p			

			·	-
·				
			•	
		•		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047
2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 46-5511681 Foundation for American Freedom Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements . 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X

	fule D (Form 990) 2018 Foundation for Am						46-55			Page Z
Part	t III Organizations Maintaining (
3	Using the organization's acquisition, a	ccession, and othe	r records,	check any	of the follows	ng that	t are a significan	t use of its	8	
	collection items (check all that apply).			_						
а	Public exhibition		d	Loan or	exchange pro	ograms	5			
b	Scholarly research		e _	Other						
С	Preservation for future generation	s ,								
4	Provide a description of the organization		d explain h	ow they fu	urther the orga	anızatıc	on's exempt purp	ose in Pa	art	
5	During the year, did the organization s	alicit ar receive da	nations of	art histori	cal treasures	or oth	er sımılar			
5	assets to be sold to raise funds rather	than to be maintai						Y	es 🗌	No
Part	IV Escrow and Custodial Arrar	ngements.						_		
	Complete if the organization a	answered "Yes"	on Form 9	990, Part	: IV, line 9, o	r repo	orted an amoui	nt on Foi	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, or	ustodian or other i	ntermediai	ry for conti	ributions or ot	her as:	sets not			
	included on Form 990, Part X?		•			•		Ye	es	No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the follo	wing table	:	_				
						ļ		Amount		
С	Beginning balance			•	•	10	C			
d	Additions during the year .					10	d			
е	Distributions during the year .	•	•			10	е			
f	Ending balance .					_1	<u>f</u>			0
2a	Did the organization include an amoun	it on Form 990, Pa	rt X, line 2	1, for escr	ow or custodia	al acco	ount liability?	_	s X	No
b	If "Yes," explain the arrangement in Pa								\Box	
Part							-	***		
Part	Complete if the organization a	newored "Vee"	on Form (aan Bart	IV line 10					
	Complete ii the organization a			or year	(c) Two years	hack	(d) Three years bac	4 (a) Fo	ur years	hack
4	Decision of some belongs	(a) Current year	(0) FIL	or year	(c) Iwo years	Dack	(u) Three years bac	(6)10	ui years	Dack
1a	Beginning of year balance		 			∤		_		
b	Contributions		 			\longrightarrow				
С	Net investment earnings, gains,									
	and losses		<u> </u>							
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses							_		
g	End of year balance)	0	1 (-)>	0	 	0		0
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) neid	o as				
a	Board designated or quasi-endowmen		·%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment		_							
_	The percentages on lines 2a, 2b, and 2						1.6			
3a	Are there endowment funds not in the	possession of the	organizatio	on that are	neid and adn	niniste	rea for the	1	V	N-
	organization by							0.0	Yes	No
	(i) unrelated organizations			•	•			3a(i)		
	(ii) related organizations		•			•		3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	-						3b		
4	Describe in Part XIII the intended uses		n's endowi	ment funds	S					
Part			_		N 4 11	_	E 000 E	4V 1	40	
	Complete if the organization a	answered "Yes"	on Form 9			. See	Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) B	ook value	9
		(invest			other)	(depreciation			
1a	Land .		0		0					0
b	Buildings		0	+	0		0	_		0
С	Leasehold improvements .		0		0		0		<u></u> .	0
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Total	I. Add lines 1a through 1e (Column (d) r	nust equal Form 9	90, Part X,	column (l	B), line 10c)					0

(1) Federal income taxes	0	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0	

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

Sched	ule D (Form 990) 2018 Foundation for American Freedom		46-5511681	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,995,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities .	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	4,995,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	•	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	· · · ·	5	4,995,000
Part	Reconciliation of Expenses per Audited Financial Statement		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements .	•	. 1	4,888,424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.) .		 	
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	4,888,424
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 XIII)	4b		
C	Add lines 4a and 4b		4c	(
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	4,888,424
Part	XIII Supplemental Information.			
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	; Part V, line 4, Par	rt X, line
2, Pai	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov	vide any additional inf	ormation	
Part >	Line 2 The Organization accounts for their uncertain tax positions in accordance	;		
with F	ASB ASC 740, Accounting for Uncertainty in Income Taxes. The benefit of a tax			
positio	on is recognized in the financial statements in the period during which, based on			
all ava	allable evidence, management believes it is more likely than not that the positions	1		
will be	sustained upon examination, including the resolution of appeals or litigation			
ргосе	sses, if any. Tax positions that meet the more-likely-than-not recognition threshold	d		
are m	easured as the largest amount of tax benefit that is more than 50% likely of being	 		
realize	ed upon settlement with the applicable taxing authority. As of December 31, 2018	·	·	
the O	ganization has not recognized liabilities for uncertain tax positions or associated			.
intere	st and penalties		•	

Schedule D (Fo		Foundation for American Freedom	<u>46-5511681</u>	Page 5
Part XIII	Suppleme	ntal Information (continued)		
				
				
				-
		•••••••		
			•	
				•
				
				
		••••••		

DocuSign Envelope ID 057B2FCB-7BD1-4750-8D88-50565851096F

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Foundation for American Freedom

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 the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) [nonca
(1) Free Beacon LLC						
1000 Wilson Blvd 26th fl Arlington, VA	47-1472225		4,622,200		<u> </u>	ļ
(2) Springsea LLC						
1615 N Ocean St Arlington, VA 22209	83-1680704		95,000			
(3) Alexander Hamilton Society 1875 Connecticut Ave 10th fl Washing	27-2035244	501 c 3	50,000			
(4) The Reason Foundation						
5737 Mesmer Ave Los Angeles, CA 90	95-3298239	_501 c 3	50,000			}
(5)						
(6)						
(7)				·		·
(8)				 		
(9)						
(10)		-				
(11)		<u> </u>				
(12)						

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

Foundation for American Freedom

Schedule I (Form 990) (2018)
-----------------------------	---

(a) Type of grad		tional space is needed		T	
(a) Type of gran	nt or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
1					
2	<u> </u>				
3					
·	·				<u> </u>
<u></u>					
					<u> </u>
art IV Supplement	tal Information. Pro	ovide the information re	<u>equired in Part I, lii</u>	ne 2; Part III, columr	(b); and any other ad
art I Line 2 The organizati					
ducational purpose includ	es maintaining records	that substantiate the amo	ounts and recipients	of the grants. The gran	t recipients sign
rant agreements outlining	their responsibilities ar	nd Foundation for America	an Freedom obtains	reports that confirm the	appropriate use
f all grant funds					
	e independent investiga	ative iournalism.			
art II Line 1 a 1 h Promote					
Part II Line 1 a 1 h Promote Part II Line 1 a 2 h Educate	the public through inve	estigative journalism.			
art II Line 1 a 2 h Educate	the public through inv	estigative journalism.			
art II Line 1 a 2 h Educate art II Line 1 a 3 h Educate	the public through inv	estigative journalism.			
art II Line 1 a 2 h Educate art II Line 1 a 3 h Educate	the public through inv	estigative journalism.			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

→ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

Foundation for American Freedom	[40-0011001
Form 990, Part VI, Section B, Line 11b. This form 990 is reviewed by the board of directors	
and legal professionals prior to filing	
Form 990, Part VI, Section B, Line 12c: The organization asks the board members and officers	
annually to disclose interests that may give rise to potential conflicts of interest under the	
conflicts of interest policy. It does so in conjunction with asking for information about	
arrangements that may need to be disclosed on the form 990	
Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy	
and financial statements are provided upon request.	
Form 990, Part VI, Section A, Line 8b: The organization does not have any committees.	
, 	
·	
·	
·	
· · · · · · · · · · · · · · · · · · ·	
·	
······································	
·	·

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Foundation for American Freedom	46-5511681
*	
••	
•••••••••••••••••••••••••••••••••••••••	
•	
•••••••••••••••••••••••••••••••••••••••	
*	