(Rev. January 2020)

Part II | Signature Block

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FREEDOM OF THE PRESS FOUNDATION Name change 46-0967274 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ 510-995-0780 601 VAN NESS AVENUE E731 termin-ated 2,705,458. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN FRANCISCO, CA 94102 H(a) Is this a group return Applica-F Name and address of principal officer: TREVOR TIMM Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FREEDOM.PRESS **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2013 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: FREEDOM OF THE PRESS Activities & Governance FOUNDATION'S MISSION IS TO SUPPORT AND DEFEND JOURNALISM DEDICATED Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,849,299 2,202,676. Revenue 0. 502,782. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 157,314. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,705,458. 3,006,613. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 936,380. 1,040,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,564,114. 2,219,036. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 899,095. 712,690. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,213,184. 4,158,131. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -206,571. -1,452,673. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,929,473. 4,622,452. 20 Total assets (Part X, line 16) 115,756. 197,359. 21 Total liabilities (Part X, line 26) 506,696. 2,732,114. Net assets or fund balances. Subtract line 21 from line 20

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

Sign Here	Signature of officer TREVOR TIMM, EXECUTIVE	E DIRECTOR	Date
	Type or print name and title		
Paid	Print/Type preparer's name COURTNEY MCFARLAND, CPA	Preparer's signature COURTNEY MCFARLAND, 11/0	9/20 Check PTIN PO1645518
Preparer	Firm's name ► AAFCPAS, INC.	·	Firm's EIN ▶ 04-2571780
Use Only	Firm's address > 50 WASHINGTON ST WESTBOROUGH, MA	REET 01581	Phone no. 508 – 366 – 9100
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

	990 (2019) FREEDOM OF THE PRESS FOUNDATION	46-0967274	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FREEDOM OF THE PRESS FOUNDATION'S MISSION IS TO SUPPOR		- ~
	JOURNALISM DEDICATED TO TRANSPARENCY AND ACCOUNTABILIT	Y. IT DOES THE	LS
	THROUGH A VARIETY OF MEANS, INCLUDING:	TNOT UDTNO	
	1) PUBLIC ADVOCACY ON ISSUES AFFECTING PRESS FREEDOM,		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	LA_ No
4	If "Yes," describe these changes on Schedule O.	as massured by synances	
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complish the amount of grants and allocations are required to the amount of grants and allocations are required to the amount of grants and allocations are required to the amount of grants and allocations are required to the grants are required to the gran		
	revenue, if any, for each program service reported.	miers, me total expenses, a	iiu
4a	A1E A1E	evenue \$ 200,6	525.
··u	SECUREDROP IS AN OPEN-SOURCE WHISTLEBLOWER SUBMISSION	, volido 4	
	SOFTWARE PROJECT THAT FREEDOM OF THE PRESS FOUNDATION		
	MAINTAINS, AND HELPS NEWS ORGANIZATIONS INSTALL. SECUR		S A
	VARIETY OF OPEN-SOURCE SECURE COMMUNICATIONS TOOLS AND		
	ONE EASIER-TO-USE PACKAGE THAT ALLOWS JOURNALISTS AND	SOURCES TO	
	COMMUNICATE SAFELY AND SECURELY ONLINE. SECUREDROP IS	CURRENTLY USEI	TA C
	OVER 70 MAJOR NEWS ORGANIZATIONS WORLDWIDE, INCLUDING	THE NEW YORK	
	TIMES, WASHINGTON POST, ASSOCIATED PRESS, USA TODAY, P		
	NEW YORKER, THE GUARDIAN, AND THE INTERCEPT. IT IS ONE		ERE
	TOOLS ADVOCATED FOR JOURNALISTS WHO WANT TO IMPROVE TH	EIR DIGITAL	
	SECURITY.		
	162 662	1.62	
4b	(Code:) (Expenses \$ 163,663 · including grants of \$) (Re	evenue \$ 163,6	
	THE US PRESS FREEDOM TRACKER - IN 2017, FREEDOM OF THE LAUNCHED THE US PRESS FREEDOM TRACKER, A NEWS SITE AND		
	ATTEMPTS TO COMPREHENSIVELY DOCUMENT VIRTUALLY EVERY P		L
	VIOLATION IN THE UNITED STATES, INCLUDING THE NUMBER O		
	ARRESTED, STOPPED AT THE BORDER, SUBPOENAED, PHYSICALL		
	SURVEILLED, AND MORE. FPF ALSO ADVOCATES FOR ROBUST PR		
	RIGHTS ON A VARIETY OF ISSUES INCLUDING REPORTER'S PRI		IGHT
	TO PUBLISH, THE FREEDOM OF INFORMATION ACT, THE PROTECT	The state of the s	
	WHISTLEBLOWERS, AND GOVERNMENT TRANSPARENCY.		
4c	(Code:) (Expenses \$ 1,040,000 · including grants of \$ 1,040,000 ·) (Re		
	OPEN WHISPER SYSTEMS FISCAL SPONSORSHIP: FREEDOM OF		\
	FOUNDATION ENTERED INTO A FISCAL SPONSORSHIP AGREEMENT IN JUNE 2015, WITH A LIMITED LIABILITY COMPANY, TO CAR		
	FOR WHICH THE FREEDOM OF THE PRESS FOUNDATION HAS RAIS		3CT
	FUNDING. AS FISCAL SPONSOR, THE FREEDOM OF THE PRESS		
	RESPONSIBLE FOR RAISING FUNDS, DISBURSING FUNDS AND OV		
	DEVELOPMENT OPEN WHISPER SYSTEMS' SIGNAL APPLICATION,		3
	FREE TEXT MESSAGING AND CALLING AROUND THE WORLD AND I		
	JOURNALISTS AND WHISTLEBLOWERS TO SECURELY COMMUNICATE		
	CARRY OUT THE PROGRAM UNDER THE DISCRETION OF FREEDOM		-
	FOUNDATION. ALL REMAINING FUNDS WERE DISBURSED TO THE		
	DECEMBER 31, 2019.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,990,019 • including grants of \$) (Revenue \$	138,494.)	
4e	Total program service expenses ▶ 3,609,097.		
		Form 99	90 (2019

Form 990 (2019) FREEDOM OF THE PRESS FOUNDATION Part IV | Checklist of Required Schedules

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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		Х
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		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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 1 , , ,	14a		X
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 "Ves." complete Schedule F. Parts Land IV.	14h		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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		Х
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		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019) FREEDOM OF THE PRE Part 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 employees? If "Yes," complete			
04	Schedule J	23	X	
248	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
k	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			,
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
26	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-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14	_		
	Enter the manuscript of this wize included in line ta. Enter of infort applicable			
(: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(Barriemia) trainings to prize willions.	1 10		

FREEDOM OF THE PRESS FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	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 return	2a 20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	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, securities account, or other financial	account)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				X				
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				\ _{3,7}				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	•							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file form 2022.	•	70		х				
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c						
		•	7e		Х				
_	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 								
g									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ū	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		8						
а	Ditti		9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c	14a		X				
	4a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		y				
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		$\stackrel{\wedge}{\vdash}$				
	If "Yes," complete Form 4720, Schedule O.								

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

	to into da, de, or the endering the undurintaneous, produced, or changes on conceding c. coe management.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	,		
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7,7
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7
	of officers, directors, 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		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA , NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	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			
	TREVOR TIMM - 862-227-1609			
	601 VAN NESS AVENUE SUITE E731, SAN FRANCISCO, CA 94102			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any		ficer and a		irecto	son is both an ector/trustee)		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	itee	Institutional trustee	er .	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	line)	In di	Insti	Officer	Key	High	Forr			
(1) TREVOR TIMM	50.00	٠,,		37				160 500	0	F 0.67
ED/BOARD MEMBER	40 00	Х		X				160,500.	0.	5,867.
(2) CONOR SCHAEFER	40.00	-				x		156,750.	0	12 662
CTO	40 00							130,730.	0.	13,662.
(3) JENNIFER HELSBY	40.00					x		130,500.	0.	12,242.
LEAD DEVELOPER (4) LOUISE BALSMEYER	40.00	-				1		130,300.	0.	14,242.
(4) LOUISE BALSMEYER DIRECTOR OF DEVELOPMENT	40.00	┨				x		126,750.	0.	11,545.
(5) ERIK MOELLER	40.00							12077300		11/3131
PRINCIPAL PROJECT MANAGER						X		113,625.	0.	12,395.
(6) KIRSTIN MCCUDDEN	40.00									-
MANAGING EDITOR						X		109,375.	0.	4,045.
(7) EDWARD SNOWDEN	1.00									
PRESIDENT/CHAIRMAN		Х		Х				0.	0.	0.
(8) MICAH LEE	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(9) RAINEY REITMAN	1.00	↓		l					•	
TREASURER		Х		Х				0.	0.	0.
(10) JOHN CUSACK	0.75	١							0	0
BOARD MEMBER	0.75	Х						0.	0.	0.
(11) DANIEL ELLSBURG	0.75	٠,,						_	0	0
BOARD MEMBER	0.75	Х				-		0.	0.	0.
(12) GLENN GREENWALD BOARD MEMBER	0.75	X						0.	0.	0.
(13) LAURA POITRAS	0.75	^				-		0.	0.	0.
BOARD MEMBER	0.75	X						0.	0.	0.
DOARD MEMBER		1				\vdash		0.	0.	<u> </u>
		1								
	1	\vdash	\vdash			t				
		1								

932007 01-20-20 Form **990** (2019)

Part VII Section	n A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			((•			(D)	(E)			(F)	
Na	ame and title	Average		not c		more	than		Reportable	Reportable			timate	
		hours per week					is bot or/trus		1 ' 1 '				nount	of
		(list any	\vdash					Ú	from the	from relate organizatior			other pensa	tion
		hours for	Individual trustee or director				-		organization	(W-2/1099-MI			om th	
		related	9e or	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 1/11	50,		anizat	
		organizations	trust	Institutional trustee		yee	mbel		,				d relat	
		below	/id ual	tution	-e	Key employee	est co	Je.				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Form						
								4						
				4				И	/					
1b Subtotal									797,500.		0. 59,756.			
	ontinuation sheets to Part VI								0.		0.			0.
d Total (add lir	nes 1b and 1c)							<u> </u>	797,500.		0.	5	9,7	56.
	of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportab	ole			•
compensation	n from the organization													9
											ı		Yes	No
•	nization list any former officer,		-	кеу е	emp	loye	e, o	r hig	phest compensated emp	oloyee on				37
	es," complete Schedule J for s											3		Х
•	dual listed on line 1a, is the surganizations greater than \$150								•	tne organization		4	Х	
5 Did any perso	on listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	3			
rendered to t	he organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Section B. Indepe	endent Contractors													
	s table for your five highest co ion. Report compensation for	-	-								npens	ation 1	from	
the organizat	(A)	tric calcindar y	cai	Cridi	ng v	VICII	OI W	<u> </u>	(B)	ycar.		((:)	
_	Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	n
	of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of c	compensation from the organi	zation 🕨				(0							

46-0967274 FREEDOM OF THE PRESS FOUNDATION Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,202,676. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 2,202,676. h Total. Add lines 1a-1f . **Business Code** 502,782. 502,782. 519130 2 a SERVICE INCOME Program Service Revenue f All other program service revenue 502,782. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

502,782.

2,705,458.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

	Charle if Schodule O centains a record			. , ,	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,040,000.	1,040,000.		
_	and domestic governments. See Part IV, line 21	1,040,000.	1,040,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166 267	00 001	22 272	22 272
	trustees, and key employees	166,367.	99,821.	33,273.	33,273.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (4(100	1 274 705	100 710	140 (07
7	Other salaries and wages	1,646,122.	1,374,785.	122,710.	148,627.
8	Pension plan accruals and contributions (include	60 000	E0 (34	4 (42	E (1(
	section 401(k) and 403(b) employer contributions)	60,883.	50,624.	4,643.	5,616. 20,918.
9	Other employee benefits	205,663.	166,826.	17,919.	40,918.
10	Payroll taxes	140,001.	107,945.	14,790.	17,266.
11	Fees for services (nonemployees):				
	Management	605	605	V	
	Legal	695.	695.	10 000	
	Accounting	19,882.		19,882.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	626 000	F04 F06	F.4. 400	
	column (A) amount, list line 11g expenses on Sch O.)	636,209.	581,726.	54,483.	
12	Advertising and promotion	00 152	2 224	02 010	
13	Office expenses	27,153.	3,334.	23,819.	
14	Information technology	26,177.	24,321.	1,856.	
15	Royalties	F2 F0F	F2 F0F		
16	Occupancy	53,787.	53,787.	10 (12	10 405
17	Travel	124,908.	101,840.	10,643.	12,425.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0 700	2 202	6 400	
а	FEES AND SUBSCRIPTIONS	9,799.	3,393.	6,406.	
b	MISCELLANEOUS	485.		485.	
C					
d					
e	All other expenses	/ 1EO 131	2 600 007	210 000	220 125
25	Total functional expenses. Add lines 1 through 24e	4,158,131.	3,609,097.	310,909.	238,125.
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 if following SOP 98-2 (ASC 958-720)				5 000 (0040)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,085,882.	1	2,681,292.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	481,440.	3	223,863.
	4	Accounts receivable, net		4	24,318.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,024,438.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u></u> 4,622,452.	16	2,929,473.
	17	Accounts payable and accrued expenses		17	197,359.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 D		25	
	26	Total liabilities. Add lines 17 through 25	115,756.	26	197,359.
S		Organizations that follow FASB ASC 958, check here 🕨 🗓			
č		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	2,713,883.
Ä	28	Net assets with donor restrictions	1,676,196.	28	18,231.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ä		and complete lines 29 through 33.			
ţs c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances		32	2,732,114.
	33	Total liabilities and net assets/fund balances	4,622,452.	33	2,929,473.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2	2,70 4,15 -1,45 4,50	5,4 8,1 2,6 6,6	31. 73. 96.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	column (B))	10	2,73	2.1	14.
Pa	rt XII Financial Statements and Reporting	10		_ , _	
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
h	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20		
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e Dasis,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l
	Act and OMB Circular A-133?		За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FREEDOM OF THE PRESS FOUNDATION 46-0967274 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	2,535,636.	2,030,753.	5,797,673.	2,849,299.	2,202,676.	15,416,037.
2	Tax revenues levied for the organ-						
	ization'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	2,535,636.	2,030,753.	5,797,673.	2,849,299.	2,202,676.	15,416,037.
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)						2,600,048.
_6	Public support. Subtract line 5 from line 4.						12,815,989.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,535,636.	2,030,753.	5,797,673.	2,849,299.	2,202,676.	15,416,037.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			151,335.	157,314.		308,649.
11	Total support. Add lines 7 through 10						15,724,686.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	502,782.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	<u></u>				<u></u> ▶□
	ction C. Computation of Publ						
14	Public support percentage for 2019 (14	81.50 %
15	Public support percentage from 2018					15	81.71 %
16a	33 1/3% support test - 2019. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶∟

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

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

Se	ction A. Public Support	olow, please comp	proto r art m.				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		, ,		, ,	, ,	1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<u></u>
	ction C. Computation of Publ			. (0)		11	
	Public support percentage for 2019 (15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>
	-			10 (6)	<u> </u>	17	
	Investment income percentage for 20					 	<u>%</u>
	Investment income percentage from					18	% 17 is not
198	a 33 1/3% support tests - 2019. If the						I / IS HOT
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2018. If the	•			*	•	
20	line 18 is not more than 33 1/3%, che			•	. ,	•	
Z U	Private foundation. If the organization	in did not check a	DUX UITIIIIE 14, 19	a. UL 19D. CHECK	ii iis dox and see if	เอเเนษเเปเรี	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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.
- **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.
- c 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.
- 10a 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 supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
100		

Par	rt IV Supporting Organizations _(continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-		11a		
b		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
•	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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type is capped and capped		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	J1 11 9 9		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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 entity (see instru	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			
	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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 more			
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		A	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.		I N	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
-	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FREEDOM OF THE PRESS FOUNDATION 46-0967274 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

-	Section 501(a)(4) (5) or (6) organize	tions: Complete Port III			
	Section 501(c)(4), (5), or (6) organiza le of organization	tions. Complete Part III.		1	Employer identification number
114411	•	OF THE PRESS FO	OUNDATTON		46-0967274
Pa	rt I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 52	
		,		4	
1	Provide a description of the organiz	zation's direct and indirect nolit	ical campaign activities	in Part IV	
	Political campaign activity expendit				▶ \$ 9,240.
	Volunteer hours for political campa				·
Ū	volaritosi ricuro for political carripa	ign detivities			_
		ganization is exempt un			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	0 for this year?		Yes No
4a	Was a correction made?				Yes L No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt un	der section 501(c), except section (501(c)(3).
	Enter the amount directly expended				> \$
2	Enter the amount of the filing organ		-		
	exempt function activities				> \$
3	Total exempt function expenditures			· ·	
	line 17b				> \$
	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organiza				•
	contributions received that were pr		• •	•	eparate segregated fund or a
	political action committee (PAC). If				1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	1 ' '
				filing organization funds. If none, ente	
				Tarias. Il riorio, cinc	delivered to a separate
					political organization. If none, enter -0
					ii fiorie, enter -o

46-0	09	67	'27	4	Page 2
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Schedule C.	(Form 990 or 990-EZ) 2019	MOCERAR	OF	тнг	PRESS	FOINDATTON
Scriedule C	(1 01111 330 01 330-LZ) 20 13	LUDUM	OT.	ظللت	FKESS	I. OOMDWITON

Par		on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under		
	section 501(h)).					
A Ch	Check F 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 exces	,				
3 Ch	eck Lifthe filing organization check	ed box A and "limited control" provisions apply.				
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	9,240.			
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)				
		d 1b)	9,240.			
			4,148,891.			
е	Total exempt purpose expenditures (add line	s 1c and 1d)	4,158,131.			
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	357,907.			
	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.				
L	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	89,477.			
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.			
	Subtract line 1f from line 1c. If zero or less, e		0.			
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720	_			
	reporting section 4911 tax for this year?		L	Yes No		

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,440.	298,025.	310,659.	357,907.	968,031.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,452,047.
c Total lobbying expenditures	7,200.	7,800.	8,620.	9,240.	32,860.
d Grassroots nontaxable amount	360.	74,506.	77,665.	89,477.	242,008.
e Grassroots ceiling amount (150% of line 2d, column (e))					363,012.
f Grassroots lobbying expenditures	7,200.	7,800.	8,620.	9,240.	32,860.

Schedule C (Form 990 or 990-EZ) 2019

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

For e	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(b)		
	e lobbying activity.	ectivity		Amo	
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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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	on 501(c)(5). or se	ction	
	501(c)(6).	, 1 (-)(,,,		
	(-)(-)(-)			Yes	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С					
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT I-A, LINE 1:				
7 (2	A 501C2 ODCANTZANTON WE DID NOW DO ANY IN DEDCON	TODDVT	NC OD	млиг	
AS	A 501C3 ORGANIZATION, WE DID NOT DO ANY IN PERSON	повыт	NG OK	MAKE	
AN	Y POLITICAL EXPENDITURES. HOWEVER, WE DID DO SOME G	RASSRO	OTS L	OBBYIN	1G
BA	SED ON VARIOUS BILLS THAT HAVE GONE THROUGH CONGRES	S THAT	ARE		
DII	RECTLY RELATED TO OUR MISSION. THESE BILLS INCLUDE	FREEDO	M OF		
IN	FORMATION ACT AND OTHER GOVERNMENT TRANSPARENCY REF	ORM, P	ROTEC	TION C	F

Part IV Supplemental Information (continued)
WHISTLEBLOWERS RIGHTS, SURVEILLANCE REFORM, AND ANYTHING AFFECTING THE
RIGHTS OF JOURNALISTS. OUR GRASSROOTS LOBBYING INCLUDES WRITING BLOG
POSTS ABOUT LEGISLATION IN CONGRESS, SHARING ARTICLES AND OPINIONS
ABOUT SUCH LEGISLATION ON SOCIAL MEDIA, AND SIGNING ON TO COALITION
LETTERS OPPOSING OR SUPPORTING LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FREEDOM OF THE PRESS FOUNDATION

Employer identification number 46-0967274

roganization 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	Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
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and section 170(h)(4)(B)(ii)?	•			O(I-)/(A)/(D)/()
9 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. 1a If the organization elected, as permitted under FASB 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 FASB 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 X	8			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	Par		of Δrt Historical Treasures or 0	Other Similar Assets
If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 S	. u.			Strict Chimai 7,000to.
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(ii) 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			exhibition, education, or research in fur	therance of public service,
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a Revenue included on Form 990, Part VIII, line 1	_			a gan, provide
	а		_	▶ \$
	h			

	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures,	or Oth	er Simila	ar Asse	t s (contir	nued)	- <u>J</u> -
3	Using the organization's acquisition, accession	on, and other record	ls, check any of	he following th	at make	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or	exchange prog	ram					
b	Scholarly research	е	Other							
С	Preservation for future generations		_							
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organiza	tion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical t	reasures, or ot	her simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			\square	Yes		No
Pai	t IV Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribu	tions or other a	assets not	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	en provided o	n Part XII	l]
Pai										
	·	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses			>						
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g. colum	n (a)) held as:				ı		
	Board designated or quasi-endowment	one your one balance	%	ir (a)) riola ao.						
	Permanent endowment	%	_/,							
·	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		ation that are hel	d and administ	tered for t	he organiz	ation			
ou	by:	solori or the organiza	ation that are no	a arra aarriiriio	10100 101 1	ino organiz	ation	ſ	Yes	No
	(i) Unrelated organizations							3a(i)		-110
	(ii) Related organizations								-+	
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule	 R2				3b	-+	
4	Describe in Part XIII the intended uses of the							. 00		
Ė	t VI Land, Buildings, and Equipm		Willett fallas.							
	Complete if the organization answered) Part IV line 11	a See Form 90	0 Part X	line 10				
	Description of property	(a) Cost or of		ost or other	1	.ccumulate	d 	(d) Boo	k valu	
	Description of property	basis (investn		sis (other)		preciation	٠	(u) 500	\ value	5
12	Land	,	Da	2.2 (04.101)		p. 00.40011				
	Land									
	Buildings Leasehold improvements		+				-			
							-			
	Equipment						- -			
	Other		X column (R) lir	ne 10c l	1					0.
	., .aa 14 iiii oogii 10. (Oolalliii (a) 111asi 00	g	,	~ · · · · · · · · · · · · · · · · · · ·			- 1			- •

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FREEDOM OF	THE PRESS F	OUNDATION	46-0967274 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	` '	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	,		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		line 11d. See Form 990, Part X, line	
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D	(Form 990) 2019	FREEDOM (OF THE	PRESS	FOUNDA	TION		46-0	0967274	Page 4
Pai	rt XI	Reconciliation	of Revenue per	r Audited	Financial	Statemer	nts With	Revenue per R	eturn	١.	
		Complete if the orga	nization answered '	'Yes" on For	m 990, Part	IV, line 12a.					
1	Totalı	revenue, gains, and o	ther support per au	dited financi	al statement	s			1	2,850,	, 358,
2	Amou	nts included on line 1	but not on Form 99	0, Part VIII,	line 12:						
а	Net ur	nrealized gains (losse	s) on investments				2a				
		ed services and use					2b	144,900.			
		eries of prior year gra					2c				
		(Describe in Part XIII.					2d				
		nes 2a through 2d							2e	144,	,900,
3		act line 2e from line 1							3	2,705,	,458,
4		nts included on Form									
а	Invest	ment expenses not ir	ncluded on Form 99	0, Part VIII, I	ine 7b		4a				
b	Other	(Describe in Part XIII.)				4b				
С	Add lii	nes 4a and 4b							4c		0.
5	Total	revenue. Add lines 3 a	and 4c. (This must e	qual Form 9	90, Part I, lin	e 12.)			5	2,705,	,458,
		Reconciliation							Retu	rn.	
		Complete if the orga	nization answered '	'Yes" on For	m 990. Part	IV. line 12a.					

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,303,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	144,900.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	144,900.
3	Subtract line 2e from line 1			3	4,158,131.
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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,158,131.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FREEDOM OF THE PRESS FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2019. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 201	19 FREEDOM	OF THE	PRESS	FOUNDATION	46-0967274 Page 5
Part XIII Suppleme	19 FREEDOM ntal Information (continu	ıed)			<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-0967274 FREEDOM OF THE PRESS FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) QUIET RIDDLE VENTURES 650 CASTRO STREET PROJECT FUNDING - OPEN WHISPER MOUNTAIN VIEW, CA 94041 45-5617183 1,040,000 N/A 0

2 E	Enter total number of sectio	n 501(c)(3) and governmen	t organizations listed in the line 1 table
------------	------------------------------	---------------------------	--

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

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

0.

Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	Is. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART	I, LINE 2:					
GRAN'	IS APPLICATIONS ARE RECEIVED	FOR FUNDI	NG AND APP	ROVED AS T	HE FOUNDATION	
DEEM	S IT APPROPRIATE. GRANTS ARE	TRACKED	INTERNALLY	IN A GENE	RAL LEDGER	
SYST	EM AS TO PAYMENT DATES, TOTAL	GRANT AW	ARD AND PU	JRPOSE OF T	HE GRANT.	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

FREEDOM OF THE PRESS FOUNDATION

Employer identification number 46-0967274

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) TREVOR TIMM	(i)	160,000.	500.	0.	5,867.	0.	166,367.	0.
ED/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.		
(2) CONOR SCHAEFER	(i)	156,250.	500.	0.	6,270.	7,392.		
СТО	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FREEDOM OF THE PRESS FOUNDATION

Employer identification number 46-0967274

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO TRANSPARENCY AND ACCOUNTABILITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GOVERNMENT TRANSPARENCY, THE RIGHT TO PUBLISH, REPORTER'S PRIVILEGE, FREEDOM OF INFORMATION ACT REFORM, THE PROSECUTION OF WHISTLEBLOWERS, AND DIGITAL SECURITY. 2) MAINTAINING AND DEVELOPING OPEN-SOURCE DIGITAL SECURITY TOOLS, LIKE SECUREDROP, OUR OPEN-SOURCE WHISTLEBLOWER SUBMISSION SYSTEM. 3) EDUCATION ON DIGITAL SECURITY TOOLS JOURNALISTS CAN USE TO COMMUNICATE WITH SOURCES, AND LEGAL RIGHTS FOR REPORTERS. 4) LEGAL ADVOCACY FOR TRANSPARENCY THROUGH FOIA REQUESTS, AMICUS BRIEFS, AND OTHER AVENUES IN COURT. 5) CROWD-FUNDING FOR INDEPENDENT NEWS ORGANIZATIONS, JOURNALISTS, AND DIGITAL SECURITY TOOLS THAT JOURNALISTS USE TO COMMUNICATE WITH SOURCES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PRESS FREEDOM ADVOCACY. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 12,788.** EXPENSES \$ 1,894,778. DIGITAL SECURITY - PROTECTING THE COMMUNICATIONS BETWEEN JOURNALISTS AND SOURCES IS ONE OF THE MOST IMPORTANT PRESS FREEDOM ISSUES OF THE

THE EMAIL AND PHONE CALL RECORDS OF ANY INTERACTION,

21ST CENTURY. A RECORD NUMBER OF WHISTLEBLOWERS HAVE RECENTLY BEEN

PROSECUTED IN LARGE PART BECAUSE THE GOVERNMENT THINKS IT CAN OBTAIN

AND AN INCREASING

Scriedule O (Form 990 or 990-EZ) (2019)	Page 2						
Name of the organization FREEDOM OF THE PRESS FOUNDATION	Employer identification number $46-0967274$						
NUMBER OF JOURNALISTS ARE VULNERABLE TO HACKING FROM CRIM	INALS AND						
FOREIGN GOVERNMENTS. TO THAT END, FREEDOM OF THE PRESS FOUNDATION							
SUPPORTS AND BUILDS A VARIETY OF DIGITAL SECURITY TOOLS FOR JOURNALISTS							
THAT AIM AT PROTECTING THESE DIGITAL COMMUNICATIONS. WE ALSO TRAIN							
JOURNALISTS AND NEWS ORGANIZATIONS IN HOW TO USE OPEN-SOURCE DIGITAL							
SECURITY TOOLS, SO THEY CAN KEEP THEIR SOURCESAND THEMSELVESSAFER.							
EXPENSES \$ 95,241. INCLUDING GRANTS OF \$ 0. REVENUE \$	125,706.						
FORM 990, PART VI, SECTION B, LINE 11B:							
THE BOARD OF DIRECTORS REVIEW THE 990 BEFORE IT IS FILED. THE TREASURER OF							
THE BOARD HAS THE FINAL APPROVAL OF THE 990 ON BEHALF OF	THE BOARD.						
FORM 990, PART VI, SECTION B, LINE 12C:							
ANNUALLY THE BOARD OF DIRECTORS DISCLOSES ANY PERTINENT CONFLICTS OF							
INTEREST.							
FORM 990, PART VI, SECTION C, LINE 19:							
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND REVI	EWED FINANCIAL						
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.							
FORM 990, PART IX, LINE 11G, OTHER FEES:							
OTHER PROFESSIONAL SERVICES:							
PROGRAM SERVICE EXPENSES	581,726.						
MANAGEMENT AND GENERAL EXPENSES	54,483.						
FUNDRAISING EXPENSES	0.						
TOTAL EXPENSES	636,209.						
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 636							

Name of the organization FREEDOM OF THE PRESS FOUNDATION	Employer identification number $46-0967274$
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION O	OF THE
ACCOUNTANTS AND OVERSIGHT OF THE FINANCIAL STATEMENT AUDI	T.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

illing of	tills form, visit www.irs.gov/e-me-providers/e-me-for-cham	ues-anu-n	ion-proms.					
Auton	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).					
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	ps, REMIC	s, and trusts			
must us	se Form 7004 to request an extension of time to file incom-	e tax retu	rns.					
Type or	or Name of exempt organization or other filer, see instructions				Taxpayer identification number (TIN)			
print	Name of exempt organization or other filer, see instructions.			Тахрауст	raxpayer identification flumber (fliv)			
-	FREEDOM OF THE PRESS FOUNDATION				46-0967274			
File by the due date for filing your	or Number, street, and room or suite no. If a P.O. box, so 601 VAN NESS AVENUE. NO. E.	•						
return. See instruction								
Enter th	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07			
Form 99	90-BL	02	Form 1041-A			08		
Form 47	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above) TREVOR TIMM			Form 8870 12					
Telep	books are in the care of \blacktriangleright 601 VAN NESS AV shows the No. \blacktriangleright 862-227-1609 erganization does not have an office or place of business is for a Group Return, enter the organization's four digit \Box . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶ited States, check this box	If this is for	r the whole group, o	Check this		
th	I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	\mathbf{X} calendar year 2019 or							
	tax year beginning	, an	d ending		<u> </u>			
2 If	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less					
ar	any nonrefundable credits. See instructions.				\$	0.		
b If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
<u>es</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					0.		
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instruction	ons.	3с	\$	0.		
Cautior nstruct	n: If you are going to make an electronic funds withdrawal ions.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment		

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

Form 8868 (Rev. 1-2020)