	000	
Form	330	

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

b Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 **Open to Public** Inspection

De	partı	ment	of th	e Tre	asury	
Inte	ernal	Reve	enue	Serv	ice	
^	Ε.		- 0	~~~		

AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Address Change Streep Change Change Doing business as				
				46-0967274	
	 	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	 Final return	601 VAN NEGG AVENUE	E731	510-995-	
	termir ated			G Gross receipts \$	4,756,840.
	Amen return	ded SAN FRANCISCO, CA 94102		H(a) Is this a group re	
	Applic dition	F Name and address of principal officer: TREVOR TIMM		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙΤ	ax-ex	empt status: $X 501(c)(3) 501(c)() + (insert no.) 4947(a)(1)$	or 52	7 If "No," attach a	list. See instructions
		te: WWW.FREEDOM.PRESS		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Yea	r of formation: 2013	State of legal domicile: CA
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: FREE	DOM O	F THE PRESS	
Activities & Governance		FOUNDATION'S MISSION IS TO PROTECT, DEFE			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			-
Š		Number of voting members of the governing body (Part VI, line 1a)			9
<u>چ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			8
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			18
tivit		Total number of volunteers (estimate if necessary)			8
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
	_			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		2,202,676. 502,782.	4,545,524. 211,316.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,705,458.	4,756,840.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,040,000.	177,107.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,219,036.	2,419,528.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	······ -	0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25)	27.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		899,095.	939,182.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,158,131.	3,535,817.
		Revenue less expenses. Subtract line 18 from line 12		-1,452,673.	
or				eginning of Current Year	End of Year
sets llanc	20	Total assets (Part X, line 16)		2,929,473.	4,838,557.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		197,359.	681,843.
Fund		Net assets or fund balances. Subtract line 21 from line 20		2,732,114.	4,156,714.
Pa	rt II	Signature Block	•		
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of my	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	

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518					
80					
00					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) FREEDOM OF THE PRESS FOUNDATION	46-0967274	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Χ
1	Briefly describe the organization's mission:		
	FREEDOM OF THE PRESS FOUNDATION'S MISSION IS TO PROTECT		
	EMPOWER PUBLIC-INTEREST JOURNALISM IN THE 21ST CENTURY.	IT DOES THIS	5
	THROUGH A VARIETY OF MEANS, INCLUDING:		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3		Ves	XNo
U	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	<i>,</i> , , ,	
4a	(Code:) (Expenses \$ 1,517,877 • including grants of \$ 177,107 •) (Revenue	ue\$ 84,8	370. ₎
	FREEDOM OF THE PRESS FOUNDATION PROTECTS, DEFENDS, AND I		
	PUBLIC-INTEREST JOURNALISM IN THE 21ST CENTURY. SECURED		
	OPEN-SOURCE WHISTLEBLOWER SUBMISSION SYSTEM AND SOFTWARD		AT
	FREEDOM OF THE PRESS FOUNDATION DEVELOPS, MAINTAINS, AND		
	ORGANIZATIONS INSTALL. SECUREDROP COMBINES A VARIETY OF		
	SECURE COMMUNICATIONS TOOLS AND PRACTICES INTO ONE EASI		TD
	PACKAGE THAT ALLOWS JOURNALISTS AND SOURCES TO COMMUNICA SECURELY ONLINE. SECUREDROP IS CURRENTLY USED AT OVER 70		
	ORGANIZATIONS WORLDWIDE, INCLUDING THE NEW YORK TIMES, W		רפש
	ASSOCIATED PRESS, USA TODAY, PROPUBLICA, THE NEW YORKER		-
	AND THE INTERCEPT. IT IS ONE OF THE PREMIERE TOOLS ADVOCATED FOR JOURNALISTS WHO WANT TO IMPROVE THEIR DIGITAL SECURITY.		<u>ш</u> ,
4b	(Code:) (Expenses \$ 409,937. including grants of \$) (Revenue)	res 77,5	550.)
	THE US PRESS FREEDOM TRACKER - IN 2017, FREEDOM OF THE PRESS FOUNDATION		/
	LAUNCHED THE US PRESS FREEDOM TRACKER, A NEWS SITE AND I		
	ATTEMPTS TO COMPREHENSIVELY DOCUMENT VIRTUALLY EVERY PRI	ESS FREEDOM	
	VIOLATION IN THE UNITED STATES, INCLUDING THE NUMBER OF		
	ARRESTED, STOPPED AT THE BORDER, SUBPOENAED, PHYSICALLY	-	
	SURVEILLED, AND MORE. FPF ALSO ADVOCATES FOR ROBUST PRES		
	RIGHTS ON A VARIETY OF ISSUES INCLUDING REPORTER'S PRIV.	-	IGHT
	TO PUBLISH, THE FREEDOM OF INFORMATION ACT, THE PROTECT	LON OF	
	WHISTLEBLOWERS, AND GOVERNMENT TRANSPARENCY.		
			<u> </u>
40	(Code:) (Expenses \$ 385,611. including grants of \$) (Revenue	48.8	396.
40	DIGITAL SECURITY - PROTECTING THE COMMUNICATIONS BETWEEN	JOURNALIST	5
	AND SOURCES IS ONE OF THE MOST IMPORTANT PRESS FREEDOM :		
	21ST CENTURY. A RECORD NUMBER OF WHISTLEBLOWERS HAVE REC		
	PROSECUTED IN LARGE PART BECAUSE THE GOVERNMENT THINKS	IT CAN OBTAIN	N
	THE EMAIL AND PHONE CALL RECORDS OF ANY INTERACTION, ANI		ING
	NUMBER OF JOURNALISTS ARE VULNERABLE TO HACKING FROM CR		
	FOREIGN GOVERNMENTS. TO END THAT, FREEDOM OF THE PRESS 1		
	SUPPORTS AND BUILDS A VARIETY OF DIGITAL SECURITY TOOLS		ISTS
	THAT AIM AT PROTECTING THESE DIGITAL COMMUNICATIONS. WE		
	JOURNALISTS AND NEWS ORGANIZATIONS IN HOW TO USE OPEN-SC		

4d	Other program services (Describe on Sch	edule O.)		
	(Expenses \$ 833,954.	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	3,147,379.		

SECURITY TOOLS, SO THEY CAN KEEP THEIR SOURCES--AND THEMSELVES--SAFER.

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Form	990	(2020)

 Form 990 (2020)
 FREEDOM
 OF
 THE
 PRESS
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 Frequired Schedules
 Frequired Schedules
 Frequired Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	1	X	
2 3	Did the organization required to complete schedule b, Schedule of Commutors	2	- 23	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

			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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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,			
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~ ~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
7 7	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	17	L
. a	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21		res	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с	(gambling) winnings to prize winners?	1c	х	
				1

Form 990	
Part V	Sta

			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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	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 Accounts (FBAR).	F -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
и 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	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.)			
12a	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			
	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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form 990	(2020)
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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		Х
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
	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:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	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.)	<u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
Ũ	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed CA, NY			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(l)e only		ablo
18	for public inspection. Indicate how you made these available. Check all that apply.	ာပက	y avall	aule
	Own website Another's website I Opon request Other (explain on Schedule O)			
10		nd fine		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and attachmente available to the public during the tax user	iu inal	icial	
20	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 ►			
	601 VAN NESS AVENUE SUITE E731, SAN FRANCISCO, CA 94102			

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	່ Em	ployees, and	Independe	ent Contra	ctors				

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.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week					17103		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated	_	(W-2/1099-MISC)	(1033-10100)	organization
	organizations	truste	al tru:		yee	nper		(and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	her			organizations
	line)	Indiv	Insti	Officer	Key	High em p	Former			
(1) CONOR SCHAEFER	40.00									
СТО						Х		150,042.	0.	17,458.
(2) TREVOR TIMM	50.00									
ED/BOARD MEMBER		Х		Х				147,619.	0.	19,500.
(3) LOUISE BALSMEYER	40.00									
DIRECTOR OF DEVELOPMENT						X		126,556.	0.	8,563.
(4) JENNIFER HELSBY	40.00									
LEAD DEVELOPER						Х		111,500.	0.	19,500.
(5) ERIK MOELLER	40.00									
PRINC. PROJECT MANAGER						Х		110,200.	0.	5,800.
(6) KIRSTIN MCCUDDEN	40.00									
MANAGING EDITOR						Х		109,618.	0.	5,769.
(7) EDWARD SNOWDEN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) MICAH LEE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) RAINEY REITMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) JOHN CUSACK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DANIEL ELLSBURG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WESLEY LOWERY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LAURA POITRAS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GLENN GREENWALD	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2020) FREEDOM (OF THE B	PRI	ESS	5 E	TO	UNI)A	TION	46-09) 672	274	Р	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not cl , unle:	ss pe	ition more rson i) than o is both pr/trus	n an		(E) Reportable compensatio		an	(F) timate nount	of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	ns compensation			ation le tion ted
									-+				
1b Subtotal								755,535.		0.	.7	6,5	90.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								755,535.		0.	7	6.5	90.
2 Total number of individuals (including but n							io r	-	,000 of reportabl	• •	-	- / -	
compensation from the organization												Yes	10 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp			3	163	X
4 For any individual listed on line 1a, is the su	um of reportab	le co	ompe	ensa	atior	n and	l ot	ther compensation from	the organization			x	
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		4	Λ	v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or sı	ich	pers	son .					5		X
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	rs	that received more than	\$100,000 of com	ipensa	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	thi	n the organization's tax (B)	year.		(C	<u>.</u>	
Name and business	address							Description of s	services	Co	omper		n
BIRNBERG PIERCE 14 INVERNESS STREET, LONI											17	7,1	07.
MICKAEL EMIRKANIAN , 750 D'ARMES BUREAU 90, MONTRI	EAL, QUI	EBI	EC,	, (CA			SECURITY ENG SERVICES			10	7,7	35.
KUSHAL DAS , K202, JASMII CITY, PRUNE, MAHARASHTRA		AGA	JKF	'A']	L.I.X	A		SOFTWARE ENG SERVICES	INEER		10	2,5	00.
2 Total number of independent contractors (i	including but n	not lii	mite	d to			stee	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨					1							

orm	990 ((2020) FRE	EED	OM OF	ΤH	E PRESS	FOUNDATION	ſ	46-0967	274 Page
Pa	rt VII	I Statement of Re	ver	ue						
		Check if Schedule O	conta	ains a respo	onse	or note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
							Total revenue	function revenue		from tax under
6										sections 512 - 51
۳		Federated campaigns					-			
ũ		Membership dues					4			
Ā		Fundraising events					-			
nila		Related organizations					-			
Sin		Government grants (control					-			
and Other Similar Amounts	T	All other contributions, gifts,			Λ	545,524.				
₹		similar amounts not included				99,343.	-			
pug	g k						4,545,524.			
0	<u>n</u>	Total. Add lines 1a-1f				Business Code	1,515,521.			
	• •	SERVICE INCOM	۲ F			519130	211,316.	211,316.		
	2 a					515150	211,510.	211,510.		
Iue	b							4		
ver	C A									
Řevenue	d									
	e f	All other program service	rovo	200						
	f	Total. Add lines 2a-2f					211,316.			
	<u> </u>	Investment income (includ					211,510.			
	3	other similar amounts)	-							
	4	Income from investment of								
	5	Royalties		-						
	5			(i) Rea		(ii) Personal				
	6 2	Gross rents	6a	(.)	·	()				
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)			-					
		Gross amount from sales of	″ <u> </u>	(i) Securit	_	(ii) Other				
	7 4	assets other than inventory	7a	()	_	(,				
	h	Less: cost or other basis	<u>–</u>							
		and sales expenses	7b							
	c	Gain or (loss)	7c							
		Net gain or (loss)								
		Gross income from fundraisi								
	0 4	including \$	-							
		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from				>				
		Gross income from gamin		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	•				
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			ry	>				
		X /				Business Code				
Revenue	11 a									
'nu	b									
eve	с									
<u>۳</u>		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					4,756,840.	211,316.	0.	0

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	177,107.	177,107.		
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees	167,119.	66,848.	33,423.	66,848.
6	Compensation not included above to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,803,200.	1,639,051.	98,627.	65,522
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	57,497.	56,541.	956.	
9	Other employee benefits	239,584.	56,541. 211,228.	15,941.	12,415.
10	Payroll taxes	152,128.	132,421.	9,993.	12,415 9,714
1	Fees for services (nonemployees):				
а	Management				
b	Legal	520.	454.	38.	28.
с	Accounting				
d	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,				
	column (A) amount, list line 11g expenses on Sch 0.)	795,925.	733,099.	60,148.	2,678.
2	Advertising and promotion				
3	Office expenses	40,264.	37,763.	1,436.	1,065.
4	Information technology	38,127.	37,848.	160.	119.
5	Royalties				
16	Occupancy	35,172.	30,719.	2,557.	1,896.
7	Travel	12,380.	12,359.	12.	9.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	2,488.		2,488.	
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.)				
_		13 867	11 558	1 800	509

13,867.

3,535,817.

439.

11,558.

3,147,379.

383.

1,800.

227,611.

32.

а

b С d

25 26

FEES AND SUBSCRIPTIONS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

MISCELLANEOUS

e All other expenses

Check here

160,827.

509.

24.

FREEDOM OF THE PRESS FOUNDATIO)N
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46-0967274 Page 11

	• • •					
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,681,292.	1	3,607,722.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		223,863.	3	899,475.
	4	Accounts receivable, net		24,318.	4	9,167.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	14,473.
	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 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	302,920.
	15	Other assets. See Part IV, line 11		0.	15	4,800.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	2,929,473.	16	4,838,557.
	17	Accounts payable and accrued expenses		197,359.	17	284,705.
	18	Grants payable			18	
	19	Deferred revenue			19	13,750.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
-iat		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	202 200
	24	Unsecured notes and loans payable to unrelated			24	383,388.
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	, ,		05	
		of Schedule D		197,359.	25	681,843.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ak have N X	IJ7,339.	26	001,043.
es			ck here 🕨 🕰			
anc	07	and complete lines 27, 28, 32, and 33.		2,713,883.	27	2 851 993
3al	27 28	Net assets without donor restrictions	18,231.	27	2,851,993. 1,304,721.	
lpu	20	Organizations that do not follow FASB ASC 9	10/2011	20	1,001,7210	
Бu		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,732,114.	32	4,156,714.
~	33	Total liabilities and net assets/fund balances		2,929,473.	33	4,838,557.

4,838,557. Form **990** (2020)

F Part X | Balance Sheet

Form	990	(2020)

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032012	12-23-20		

Form 990 (2020)

1

2

Part XI Reconciliation of Net Assets

3	Revenue less expenses. Subtract line 2 from line 1	3		,22			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,73	2,1	14.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		203,577			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	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 🛛 🖾 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					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e aud	it,				
	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	nedule	Ο.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit				
	Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		udit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> .	3b			
				Form	990	(2020)	

FREEDOM	OF	THE	PRESS	FOUNDATION

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

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

1

2

<u>4,756,840</u>. <u>3,535,817</u>.

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-E	Z)
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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.

OMB No. 1545-0047
2020
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection				
Name	e of t	he organizati					_			identification number
Der		Decen			PRESS FOUND					6-0967274
Par					(All organizations must o	-			ns.	
Г	—		•		(For lines 1 through 12, o		,			
1		-			on of churches describe			1)(A)(i).		
2					Attach Schedule E (Forr					
3 [•	•		anization described in s					
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
-		city, and stat	:e:							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
-		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 L		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	Х	An organizati	ion that norma	Ily receives a substa	intial part of its support	from a gov	vernmental	unit or from	the general	public described in
_		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state c	of the colleg	je or
_		university:								
10		An organizati	ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investmen
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
_		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	on and con	nplete lines	s 12e, 12f, ar	id 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or r	management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	oported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		J Type III no	n-functionally	integrated. A supp	oorting organization oper	rated in co	nnection v	with its suppo	orted organ	ization(s)
		that is not	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremer	nt (see instructi	ions). You must cor	nplete Part IV, Section	s A and D	, and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number	of supported of	organizations						
g	Prov	vide the follow	ing information	about the supporte	ed organization(s).					
	(i	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
Total										

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,030,753.	5,797,673.	2,849,299.	2,202,676.	4,545,524.	17,425,925.
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 \dots						
4	Total. Add lines 1 through 3	2,030,753.	5,797,673.	2,849,299.	2,202,676.	4,545,524.	17,425,925.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,320,293.
	Public support. Subtract line 5 from line 4.						13,105,632.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,030,753.	5,797,673.	2,849,299.	2,202,676.	4,545,524.	17,425,925.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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		1 - 1 - 2	1 1 4			200 640
	assets (Explain in Part VI.)		151,335.	157,314.			308,649.
11	Total support. Add lines 7 through 10					1	17,734,574.
12	Gross receipts from related activities,						,022,747.
13	First 5 years. If the Form 990 is for th		rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)	
800	organization, check this box and stor		roontago		<u></u>		>
-	tion C. Computation of Publ		-	aduma (f)		14	73.90 %
	Public support percentage for 2020 (Public support percentage from 2019					15	73.90 % 81.50 %
15	33 1/3% support test - 2020. If the c						, -
104							
h							
~	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes	•	•	,	•		
~	more, and if the organization meets th						
	organization meets the facts-and-circl				• •		
18	Private foundation. If the organization		•				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	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						
2	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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(u) 2010	(0) 2011	(0) 2010		(0) 2020	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	<u></u>	<u></u>	<u></u>	-)
Sec	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ne 8. column (f). c	divided by line 13.	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						,,,
	Investment income percentage for 202			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	nd stop here. The	organization quali	fies as a publicly	supported organiz	ation	►
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21		,	,			0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
-		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

10b

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION

	rt IV Supporting Organizations (continued)	0121		<u> </u>
			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 lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C	detail in Part VI.	11c		
Sec	ition B. Type I Supporting Organizations			
			Vee	Na
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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			
			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			
			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 line 2, above, 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			

Check the here next to the method that the encoded composition and to exist the later of Dell Tradid Start () () (

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a _____ 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.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

2a

2b

За

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - J	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other g	gross income (see instructions)	3		
4 Add lin	nes 1 through 3.	4		
5 Depred	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
mainte	nance of property held for production of income (see instructions)	6		
7 Other e	expenses (see instructions)	7		
8 Adjust	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - I	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	gate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	e monthly value of securities	1a		
b Averag	e monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
	unt claimed for blockage or other factors n in detail in Part VI):			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	ict line 2 from line 1d.	3		
	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, structions).	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 0.035.	6		
7 Recove	eries of prior-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter C	0.85 of line 1.	2		
3 Minimu	um asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter g	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
6 Distrib	putable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		-	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
-	Excess from 2016							
-	Excess from 2017							
-	Excess from 2018							
	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION	46-0967274 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047
(Form 990 or 990-EZ)	2020				
		anizations Exempt From Incom			
Department of the Treasury		if the organization is described			open to r done
Internal Revenue Service		Go to www.irs.gov/Form990 for i			Inspection
-		n Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaign	Activities), then
	•	nplete Parts I-A and B. Do not cor	•		
		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.	
Section 527 organization	•	•	000 F7 B 11/1 /	4 1 1 1 1 1 1 1 1 1 1	,
-		n Form 990, Part IV, line 4, or Fo			
	-	have filed Form 5768 (election un have NOT filed Form 5768 (electio			
	-	Form 990, Part IV, line 5 (Prox)			-
Tax) (See separate inst		r Form 330, Fait IV, line 3 (Frox)	(See Separate i		-LZ, Fait V, inte 350 (FLOXY
		tions: Complete Part III.			
Name of organization	,, e. (e) e.gaa			Empl	oyer identification number
5	FREEDOM	OF THE PRESS FOU	INDATION		46-0967274
Part I-A Comple		anization is exempt under		or is a section 527 o	
					<u> </u>
1 Provide a description	on of the organiz	ation's direct and indirect politica	I campaign activities i	n Part IV.	
		ures			14,710.
		gn activities			
Part I-B Comple	ete if the org	ganization is exempt unde	er section 501(c)((3).	
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955	▶ \$	
2 Enter the amount o	f any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes 🛄 No
4a Was a correction m	ade?				Yes 🛄 No
b If "Yes," describe in					
-		panization is exempt unde		-	
		d by the filing organization for sec			
		ization's funds contributed to oth			
		s. Add lines 1 and 2. Enter here ar			
		1120-POL for this year?			
		nployer identification number (EIN			
		tion listed, enter the amount paid omptly and directly delivered to a			
		additional space is needed, provi			to begregated fand of a
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	, ,			filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1		

Schedule C (Form 990 or 990-EZ) 2020						967274 Page 2
Part II-A Complete if the org	ganization	is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).						
	-		• • •	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha			• •			
B Check ▶ if the filing organiza	tion checked	d box A ar	nd "limited control" pro	ivisions apply.		
	ts on Lobby ditures" mea	• •	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (grassroots lobbying)		14,710.	
b Total lobbying expenditures to influ	uence a legis	slative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li					14,710.	
d Other exempt purpose expenditure					3,521,107.	
e Total exempt purpose expenditure					3,535,817. 326,791.	
f Lobbying nontaxable amount. Ente					326,791.	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0				
	•					
g Grassroots nontaxable amount (er	nter 25% of I	ine 1f)			81,698.	
h Subtract line 1g from line 1a. If zer	o or less, en	ter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, ent	er -0			0.	
j If there is an amount other than ze						
reporting section 4911 tax for this	year?					Yes No
	4	-Year Ave	raging Period Under	Section 501(h)		
(Some organizations t					of the five columns b	elow.
			ate instructions for lin			
	Lobby	ing Exper	ditures During 4-Yea	r Averaging Period	r	r
Calendar year (or fiscal year beginning in)	(a) 20)17	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	298	,025.	310,659.	357,907.	326,791.	1,293,382.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,940,073.
c Total lobbying expenditures	7	,800.	8,620.	9,240.	14,710.	40,370.
d Grassroots nontaxable amount	74	,506.	77,665.	89,477.	81,698.	323,346.
e Grassroots ceiling amount			-	-		
(150% of line 2d, column (e))						485,019.
f Grassroots lobbying expenditures	7	,800.	8,620.	9,240.	14,710.	40,370.
		-				

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 	··				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 					
 i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6). 	··)(5), or se	ection		
			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					
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures) 	ed "No" Of	R (b) Part		ie 3, is	
 a Current year 		2a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (See instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	oup list); Part l	II-A, lines 1 a	and 2 (See		
AS A 501C3 ORGANIZATION, WE DID NOT DO ANY IN PERSON	I LOBBY	ING OR	MAKE		
ANY POLITICAL EXPENDITURES. HOWEVER, WE DID DO SOME	GRASSR	OOTS L	OBBYII	NG	
BASED ON VARIOUS BILLS THAT HAVE GONE THROUGH CONGRE	ESS THA	I ARE			
DIRECTLY RELATED TO OUR MISSION. THESE BILLS INCLUDE	E FREED	OM OF			
INFORMATION ACT AND OTHER GOVERNMENT TRANSPARENCY RE	EFORM,	PROTEC	TION (ЭF	

Schedule C (Form 990 or 990-EZ) 2020 FREEDOM OF THE PRESS FOUNDATION 4	6-0967274	Page 4
WHISTLEBLOWERS RIGHTS, SURVEILLANCE REFORM, AND ANYTHING AFFE	CTING THE	
RIGHTS OF JOURNALISTS. OUR GRASSROOTS LOBBYING INCLUDES WRITI	NG BLOG	
POSTS ABOUT LEGISLATION IN CONGRESS, SHARING ARTICLES AND OPI	NIONS	
ABOUT SUCH LEGISLATION ON SOCIAL MEDIA, AND SIGNING ON TO COA	LITION	
LETTERS OPPOSING OR SUPPORTING LEGISLATION.		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name	of the	organization
Hume	01 010	or guinzation

FREEDOM OF THE PRESS FOUNDATION

Employer identification number 46 - 0967274

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring			
	impermissible private benefit?		Yes No			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation c	of a historically important land area			
	Protection of natural habitat	Preservation of	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements	·····	2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax			
	year ►					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) abov					
-	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describes the			
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Tracsuras or (Othor Similar Accots			
Fa	Complete if the organization answered "Yes" on Form		Stiler Similar Assets.			
			and balance about works			
Id	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its final					
h						
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	exhibition, education, or research in fur	therafice of public service,			
			▶ \$			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre					
2	the following amounts required to be reported under FASB A		ומו שמווז, אוסיומב			
9	Revenue included on Form 990, Part VIII, line 1		▶ \$			
	Assets included in Form 990, Part X					
			······ 🕨 👻			

		OF THE PR				967274	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Ot	her Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other record	ls, check any of th	e following that make	e significant use of	its	
•	Public exhibition	d		abanga program			
a		a		change program			
b	Scholarly research	e	Other				
c	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit or			•			
De	to be sold to raise funds rather than to be ma						└── No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizat	ion answered "Yes"	on Form 990, Part	IV, line 9, or	
			lieur feur eenstuikusti.		at in all relation		
Ia	Is the organization an agent, trustee, custodi		•			Vee	
h	on Form 990, Part X?					Yes	
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:			Amount	
•	Paginning balance				10	Amount	
	Beginning balance						
	Additions during the year						
	Distributions during the year						
	Ending balance Did the organization include an amount on Fo					Yes	No
	If "Yes," explain the arrangement in Part XIII.						
Par							
		(a) Current year	(b) Prior year		(d) Three years ba	ick (e) Four v	ears back
19	Beginning of year balance	(u) ourient your	(b) Horycar				ouro buon
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
U	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1 a. column	(a)) held as:			
	Board designated or quasi-endowment	ent year end baland	%				
	Permanent endowment	%					
		/0					
C	The percentages on lines 2a, 2b, and 2c sho	-					
30	Are there endowment funds not in the posse		ation that are hold	and administored fo	r the organization		
Ja	by:	ssion of the organiza	ation that are new	and administered to	The organization		es No
h	(ii) Related organizations						
4	Describe in Part XIII the intended uses of the						
	t VI Land, Buildings, and Equipm		which tunus.				
	Complete if the organization answered). Part IV. line 11a.	See Form 990. Part	X. line 10.		
	Description of property	(a) Cost or o	<u>, , , , , , , , , , , , , , , , , , , </u>	í	Accumulated	(d) Book	value
		basis (investr	• • •	. ,	lepreciation	(-, 200)	
1a	Land	· ·					
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	Add lines 1a through 1e. (Column (d) must ea		X, column (B), line	10c.)			0.
			· //				

Schedule D (Form 990) 2020

(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"	on Form 000 Part IV line	11c Soc Form 990 Part V lin	0.13
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	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"		11d. See Form 990, Part X, lin	
(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) line	e 15)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Par	t X line 25
	orrorn 550, raitiv, line		(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	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial st	atements that reports the

FREEDOM OF THE PRESS FOUNDATION Schedule D (Form 990) 2020 Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value

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...

Sche	dule D (Form 990) 2020 FREEDOM OF THE PRESS FOUND	ATION	46-0)967274 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	4,756,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			4,756,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,756,840.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		i . i	2 525 017
1	Total expenses and losses per audited financial statements			3,535,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			3,535,817.
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			
b	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			3,535,817.
Pal	rt 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, 2020. THE ORGANIZATION'S INFORMATION RETURNS
ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

	(Form 990) 2020
Part XIII	Supplement

Part XIII Supplemental Information (continued)

	Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the lates	t information.	Insp	pection
Name	e of the organization	I				Employer ident	ification number
ਸਤਸ		HE PRESS FO	ΙΙΝΟΑΨΤΟΝ	r		46-09672	74
Par				tside the United States. Comple	ete if the organ		
		Part IV, line 14b.		•	5		
				ds to substantiate the amount of its gra			
	the grantees' eligib	ility for the grants or	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
2	For grantmakers	Describe in Part V the	e organization's	procedures for monitoring the use of it:	s arants and o	ther assistance of	Itside the
	United States.		e organization s		o granto and o		
		on. (The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
		offices in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
			in the region				
							-
	Subtotal) (0
b	Total from continua						
~	sheets to Part I Totals (add lines 3		μ (0
C	and 3b)	a 0) (0

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

automount of the Tue

FREEDOM OF THE PRESS FOUNDATION

46-0967274

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the or counsel has provided a sec					
			or counsel has provided a sec					

Schedule F (Form 990) 2020

46-0967274

Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
LEGAL ASSISTANCE TO PROTECT FREE PRESS.	EUROPE	1	177,107.	WIRE TRANSFER	0.		CASH
		C					

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	FREEDOM	OF	\mathbf{THE}	PRESS	FOUNDATION
Part IV Foreign Form	S				

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

Schedule F (Form 990) 2020

Schedule F (Forn			THE	PRESS	FOUNDATION	
	- 000) 0000	$\cap \mathbf{F}$	ጥፔሮ	DDFCC	FOUNDATION	

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

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	LU	,
Depar	tment of the Treasury	Attach to Form 990.		Open to		
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
De		FREEDOM OF THE PRESS FOUNDATION	46-0	96727	4	
Pa		s Regarding Compensation				
10	Chook the energy	ate box(es) if the organization provided any of the following to or for a person listed on Form	- 000		Yes	No
1a		line 1a. Complete Part III to provide any relevant information regarding these items.	1990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer				
			,,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
		compensation consultant				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
	.					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re			10		x
		e payment or change-of-control payment?				X
		eive payment from an equity-based compensation arrangement?				X
U		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		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 compensati	on			
	contingent on the r					
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				v
_		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strength of the second strengt ot the seco				v
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990	12020

Schedule J (Form 990) 2020

46-0967274

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CONOR SCHAEFER	(i)	150,042.	0.	0.	17,458.	0.	167,500.	0.
СТО	(ii)	0.	0.	0.	0.	0.		0.
(2) TREVOR TIMM	(i)	147,619.	0.	0.	19,500.	0.	· ·	0.
ED/BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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 J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

20

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the organization

Employer identification number 46-0967274

20

	FREEDOM	OF	THE	PRESS	FOUNDATION	
Part I	Types of Property					1

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)	(b)	(0)			d)		
		(a) Check if	Number of	(c) Noncash contr	ibution	Method of		nina	
		applicable	contributions or	amounts repor	ted on	noncash contri		0	s
			items contributed	Form 990, Part VI	II, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
	Historic structures Qualified conservation contribution - Other								
14 15									
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>CRYPTOCURRENC</u>)	X	6	99	,343.	F.WA			
26	Other • ()								
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't requir	ed to be u	ised for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.						-		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	rd contribi	utions?	31		Х
	Does the organization hire or use third parties								
	contributions?		-				32a		x
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in c	column (c) fo	r a type of propert	v for which colum	n (a) is che	cked.			
	describe in Part II.								
LHA		the Instruc	tions for Form 99	0.		Schedule	M (For	n 990	2020

Schedule M						FOUNDATION	46-0967274	Page 2
Part II	Supplemental	Information I, column (b), th dditional informat	 Provi e numl tion. 	de the ber of c	information contributions	required by Part I, lines 30 s, the number of items rece	b, 32b, and 33, and whether the organizati ived, or a combination of both. Also compl	on
							×	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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. OMB No. 1545-0047 **2020**Open to Public
Inspection

FREEDOM OF THE PRESS FOUNDATION

Employer identification number 46-0967274

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

PUBLIC-INTEREST JOURNALISM IN THE 21ST CENTURY.

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

1.) PUBLIC ADVOCACY ON ISSUES AFFECTING PRESS FREEDOM, INCLUDING

GOVERNMENT TRANSPARENCY, THE RIGHT TO PUBLISH, REPORTER'S PRIVLAGE,

FREEDOM OF INFORMATION ACT REFORM, THE PROSECUTTION OF WHISTEBLOWERS,

AND DIGITAL SECURITY.

2.) MAINTAINING AND DEVELOPING OPEN-SOURCE DIGITAL SECURITY TOOLS, LIKE SECUREDROP, OUR OPEN-SOURCE WISHTLEBLOWER 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

EXPENSES \$ 833,954. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FREEDOM OF THE PRESS FOUNDATION	Employer identification number 46-0967274
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 C	ONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION THE OR	GANIZATION
PURCHASED TWO SURVEYS OF NON-PROFIT COMPENSATION DATA. TH	E FINANCE
SUBCOMMITTEE REVIEWED THE DATA AND MADE A DETERMINATION B	ASED ON SIZE OF
BUDGET, LOCATION, AND OTHER FACTORS TO DETERMINE THE EXEC	UTIVE DIRECTOR'S
SALARY. THE EXECUTIVE DIRECTOR ABSTAINED FROM THE DISCUSS	ION.
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	733,099.
MANAGEMENT AND GENERAL EXPENSES	60,148.
FUNDRAISING EXPENSES	2,678.
TOTAL EXPENSES	795,925.

FORM 990, PART XII, LINE 2C:

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

795,925.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FREEDOM OF THE PRESS FOUNDATION	Employer identification number 46-0967274
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION (OF THE
ACCOUNTANTS AND OVERSIGHT OF THE FINANCIAL STATEMENT AUD	[Т.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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*.

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

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

Type or	Name of exempt organization or other filer, see instru	Taxpaye	Faxpayer identification number (TIN)				
print	FREEDOM OF THE PRESS FOUND		46-0967274				
File by the due date for	the le for Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return. See							
instructions	^{3.} City, town or post office, state, and ZIP code. For a f SAN FRANCISCO, CA 94102	oreign add	Iress, see instructions.				
Enter the	e Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01	
Applicat	tion	Return	Application			Return	
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	0-BL	02	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720 (other than individual)	09			
Form 99	0-PF	04	Form 5227	10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above) TREVOR TIMM	06	Form 8870			12	
• If this box 1 I re the b	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEJ ganization's	emption Number (GEN), in the names and TINs of MBER 15, 2021 , to file s return for:	f this is fo f all memb	r the whole gro pers the extension opt organization	ion is for.	
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$						
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa					0	
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawa ons.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-I	EO for payment	
					E 000		

OMB No. 1545-0047