

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREEDOM HOUSE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1301 CONNECTICUT AVE. NW, FLOOR 6 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	D Employer identification number 13-1656647
	E Telephone number (202) 296-5101	G Gross receipts \$ 26,769,970.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list (see instructions) H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.FREEDOMHOUSE.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1941 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	FREEDOM HOUSE SUPPORTS THE EXPANSION OF FREEDOM AROUND THE WORLD.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41	
	5	Total number of employees (Part V, line 2a)	5	127	
	6	Total number of volunteers (estimate if necessary)	6	60	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	24,177,675.	24,537,640.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,169.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,435.	132,901.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,353,279.	24,694,112.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,841,727.	7,278,542.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,863,284.	8,382,165.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	57,285.	50,135.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 504,222.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,151,402.	8,816,818.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	23,913,698.	24,527,660.	
	19	Revenue less expenses. Subtract line 18 from line 12	439,581.	166,452.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
		21	Total liabilities (Part X, line 26)	8,730,855.	7,526,066.
22		Net assets or fund balances. Subtract line 21 from line 20	3,513,317.	2,334,945.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer JENNIFER WINDSOR, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	<i>[Signature]</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. VIENNA, VA 22182-6205	

May the IRS discuss this return with the preparer shown above? (see instructions)

SCANNED JUL 13 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission. **SEE SCHEDULE O FOR CONTINUATION**
FREEDOM HOUSE, AN INDEPENDENT NONGOVERNMENTAL ORGANIZATION, SUPPORTS
THE EXPANSION OF FREEDOM IN THE WORLD. FREEDOM IS POSSIBLE ONLY IN
DEMOCRATIC POLITICAL SYSTEMS IN WHICH THE GOVERNMENTS ARE ACCOUNTABLE
TO THEIR OWN PEOPLE; THE RULE OF LAW PREVAILS; AND FREEDOMS OF
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,984,394. including grants of \$ 63,444.) (Revenue \$)
NEW GENERATION - EGYPT: THIS CIVIL SOCIETY SUPPORT PROGRAM IS IMPARTING
A NEW GENERATION OF REFORMERS WITH SKILLS AND STRATEGIES NECESSARY FOR
EFFECTIVE ADVOCACY AND PROMOTION OF REFORM.

4b (Code) (Expenses \$ 2,353,152. including grants of \$ 6,506.) (Revenue \$)
SUPPORT FOR HUMAN RIGHTS AND RULE OF LAW IN ZIMBABWE: FREEDOM HOUSE
WORKS WITH A RANGE OF CIVIL SOCIETY ORGANIZATIONS, INCLUDING CHURCH
GROUPS, STUDENT ORGANIZATION AND TRADE UNIONS TO ADVOCATE AND MOBILIZE
FOR FREEDOM IN ZIMBABWE

4c (Code) (Expenses \$ 2,122,932. including grants of \$ 39,350.) (Revenue \$)
REFORMING FAMILY LAW IN THE PERSIAN GULF: FREEDOM HOUSE WORKS WITH
WOMEN'S GROUPS, ACTIVISTS, ISLAMIC SCHOLARS AND LEGAL EXPERTS IN
KUWAIT, SAUDI ARABIA AND SAUDI ARABIA TO REVIEW EXISTING FAMILY LAWS,
PROVIDE COMPARISONS TO INTERNATIONAL STANDARDS AND CONDUCT LEGAL
ANALYSES OF CURRENT PRACTICES FROM THE POINT OF VIEW OF BOTH CIVIL AND
ISLAMIC JURISPRUDENCE. THE GOAL OF SEEKING TO REFORM EXISTING LAWS
AND/OR INTRODUCE NEW ONES IS ROOTED IN THE FACT THAT FAMILY LAW LARGELY
DETERMINES THE STATUS AND LEGAL RIGHTS OF WOMEN IN THESE SOCIETIES.

4d Other program services (Describe in Schedule O)
 (Expenses \$ 17536896. including grants of \$ 7,169,242.) (Revenue \$)

4e Total program service expenses ► \$ 23,997,374. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	138	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	127	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	41	
b Enter the number of voting members that are independent	41	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **▶**
QUOC NGUYEN - 202-296-5101
1301 CONNECTICUT AVE., NW, 6TH FLOOR, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH ADELMAN TRUSTEE	1.00	X						0.	0.	0.
SUSAN J. BENNETT TRUSTEE	1.00	X						0.	0.	0.
JAMES H. CARTER TRUSTEE	1.00	X						0.	0.	0.
ANTONIA CORTESE TRUSTEE	1.00	X						0.	0.	0.
LEE CULLUM TRUSTEE	1.00	X						0.	0.	0.
THOMAS A. DINE TRUSTEE	1.00	X						0.	0.	0.
PAULA J. DOBRIANSKY TRUSTEE	1.00	X						0.	0.	0.
ALAN P. DYE TRUSTEE	1.00	X						0.	0.	0.
STUART EIZENSTAT TRUSTEE	1.00	X						0.	0.	0.
CARLETON S. FIORINA TRUSTEE	1.00	X						0.	0.	0.
SIDNEY HARMAN TRUSTEE	1.00	X						0.	0.	0.
D. JEFFREY HIRSCHBERG TRUSTEE	1.00	X						0.	0.	0.
JOHN T. JOYCE TRUSTEE	1.00	X						0.	0.	0.
KENNETH I. JUSTER TRUSTEE	1.00	X						0.	0.	0.
MAX M. KAMPELMAN TRUSTEE	1.00	X						0.	0.	0.
KATHRYN DICKEY KAROL TRUSTEE	1.00	X						0.	0.	0.
FAROOQ KATHWARI TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY LAKE TRUSTEE	1.00	X						0.	0.	0.
LAWRENCE LESSIG TRUSTEE	1.00	X						0.	0.	0.
MICHAEL LEWAN TRUSTEE	1.00	X						0.	0.	0.
BETTE BAO LORD TRUSTEE	1.00	X						0.	0.	0.
JAY MAZUR TRUSTEE	1.00	X						0.	0.	0.
THEODORE N. MIRVIS TRUSTEE	1.00	X						0.	0.	0.
DALIA MOGAHED TRUSTEE	1.00	X						0.	0.	0.
JOHN NORTON MOORE TRUSTEE	1.00	X						0.	0.	0.
ALBERTO MORA TRUSTEE	1.00	X						0.	0.	0.
JOSHUA MURAVCHIK TRUSTEE	1.00	X						0.	0.	0.
1b Total								1,009,608.	0.	133,451.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **8**

- | | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMBASSADOR CONSTRUCTION, INC 317 MADISON AVE, NEW YORK, NY 10017	CONSTRUCTION	213,000.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1		

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	438.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	22,586,439.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,950,763.				
	g Noncash contributions included in lines 1a-1f \$		151,140.				
	h Total. Add lines 1a-1f			24,537,640.			
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			101,066.			101,066.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			4,914.			4,914.
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			31,835.		31,835.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19						
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances						
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a OTHER INCOME			18,657.			18,657.
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			18,657.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			24,694,112.	0.	0.	156,472.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	5,272,238.	5,272,238.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,155.	20,155.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,986,149.	1,986,149.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	489,775.	349,895.	121,886.	17,994.
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	4,092,712.	2,923,833.	1,018,519.	150,360.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	245,337.	175,268.	61,055.	9,014.
9 Other employee benefits	3,031,977.	2,166,045.	754,542.	111,390.
10 Payroll taxes	522,364.	373,177.	129,996.	19,191.
11 Fees for services (non-employees)				
a Management				
b Legal	47,455.	40,622.	6,833.	
c Accounting	104,080.	37,636.	66,444.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	50,135.			50,135.
f Investment management fees				
g Other	2,012,702.	1,840,550.	172,152.	
12 Advertising and promotion				
13 Office expenses	568,510.	306,804.	243,427.	18,279.
14 Information technology	303,658.	239,032.	62,934.	1,692.
15 Royalties				
16 Occupancy	1,020,109.	155,028.	865,081.	
17 Travel	3,337,357.	3,281,606.	48,101.	7,650.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	395,903.	388,705.	6,958.	240.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,317.		134,317.	
23 Insurance	29,874.	29,874.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER EXPENSES	451,537.	392,599.	54,275.	4,663.
b EQUIPMENT & MAIN.	355,359.	178,165.	177,194.	
c REGISTRATION	33,983.	20,250.	5,238.	8,495.
d STAFF TRAINING	21,974.	12,519.	9,455.	
e INDIRECT RECOVERY	0.	3,807,224.	<3,912,343.>	105,119.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	24,527,660.	23,997,374.	26,064.	504,222.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	276,923.	1	161,838.
	2 Savings and temporary cash investments	3,985,190.	2	3,834,520.
	3 Pledges and grants receivable, net	2,468,226.	3	1,942,431.
	4 Accounts receivable, net	458,244.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	134,288.	9	214,250.
	10a Land, buildings, and equipment: cost basis	10a 944,616.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 447,383.		
		502,663.	10c	497,233.
	11 Investments - publicly traded securities	780,009.	11	736,848.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	125,312.	15	138,946.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,730,855.	16	7,526,066.	
Liabilities	17 Accounts payable and accrued expenses	2,561,899.	17	1,787,797.
	18 Grants payable		18	
	19 Deferred revenue	847,783.	19	400,709.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	103,635.	25	146,439.
	26 Total liabilities. Add lines 17 through 25	3,513,317.	26	2,334,945.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,714,387.	27	2,062,588.
	28 Temporarily restricted net assets	503,151.	28	1,128,533.
	29 Permanently restricted net assets	2,000,000.	29	2,000,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,217,538.	33	5,191,121.
	34 Total liabilities and net assets/fund balances	8,730,855.	34	7,526,066.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete the Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,459,918.	23,717,467.	26,266,878.	24,177,675.	24,537,640.	121,159,578.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	22,459,918.	23,717,467.	26,266,878.	24,177,675.	24,537,640.	121,159,578.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						121,159,578.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	22,459,918.	23,717,467.	26,266,878.	24,177,675.	24,537,640.	121,159,578.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234,351.	250,161.	363,745.	123,608.	105,980.	1,077,845.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					18,657.	18,657.
11 Total support. Add lines 7 through 10						122,256,080.
12 Gross receipts from related activities, etc. (see instructions)					12	28,526.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.10	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.95	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. 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 and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITIES

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008

Open to Public
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
☐ Yes ☐ No
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.A Check ☐ if the filing organization belongs to an affiliated group.B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17,770.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			17,770.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	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?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2040307.				
b Contributions					
c Investment earnings or losses	87,519.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2127826.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► 100.00 %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		269,088.	37,543.	231,545.
d Equipment				
e Other		675,528.	409,840.	265,688.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				497,233.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED RENT	146,439.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	146,439.

On Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,694,112.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,527,660.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	166,452.
4	Net unrealized gains (losses) on investments	4	<192,869.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<192,869.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<26,417.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	25,364,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<192,869.>
b	Donated services and use of facilities	2b	863,730.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	670,861.
3	Subtract line 2e from line 1	3	24,694,112.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,694,112.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,391,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	863,730.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	863,730.
3	Subtract line 2e from line 1	3	24,527,660.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,527,660.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART V, LINE 4: THE BOARD OF TRUSTEES HAVE AUTHORIZED THE EXECUTIVE

DIRECTOR TO USE THE EARNED INTERESTS IN EXCESS OF \$2 MILLION AS REQUIRED

FOR ON-GOING OPERATIONS.

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

FREEDOM HOUSE**13-1656647****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
AFRICA	2	15	PROG. SERVICES & GRANTS TO RECIPIENTS.	HUMAN RIGHTS & RULE OF LAW.	2,622,726.
EUROPE	1	2	PROGRAM SERVICES.	COMMUNITY RECONCILIATION.	106,861.
MIDDLE EAST	4	23	PROG. SERVICES & GRANTS TO RECIPIENTS.	HUMAN RIGHTS & RULE OF LAW.	6,756,447.
LATIN AMERICA	2	9	PROG. SERVICES & GRANTS TO RECIPIENTS.	HUMAN RIGHTS & RULE OF LAW.	2,974,017.
CENTRAL ASIA	2	10	PROG. SERVICES & GRANTS TO RECIPIENTS.	HUMAN RIGHTS & RULE OF LAW.	1,455,841.
Totals	11	59			13,915,892.

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,032.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,748.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,720.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,459.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,616.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,431.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,543.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	36,457.	WIRE AND/OR CASH TRANSFERS	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

48

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2008

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

Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HUMANITARIAN GRANT	SUB-SAHARAN AFRICA	4	28,604	WIRE AND/OR CASH TRANSFERS	0.		
HUMANITARIAN GRANT	EAST ASIA & PACIFIC	1	10,000	WIRE AND/OR CASH TRANSFERS	0.		
HUMANITARIAN GRANT	LATIN AMERICA	1	10,000	WIRE AND/OR CASH TRANSFERS	0.		
HUMANITARIAN GRANT	EUROPE & EURASIA	2	12,000	WIRE AND/OR CASH TRANSFERS	0.		

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

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

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	11,715.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	34,326.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	21,633.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	27,702.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	155,128.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	28,500.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	12,520.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	14,015.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,716.	WIRE AND/OR CASH TRANSFERS	0.		

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	11,910.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,940.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,650.	WIRE AND/OR CASH TRANSFERS	0.		
		MIDDLE EAST	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	7,100.	WIRE AND/OR CASH TRANSFERS	0.		
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,506.	WIRE AND/OR CASH TRANSFERS	0.		
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,320.	WIRE AND/OR CASH TRANSFERS	0.		
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	8,084.	WIRE AND/OR CASH TRANSFERS	0.		
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	15,996.	WIRE AND/OR CASH TRANSFERS	0.		
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,100.	WIRE AND/OR CASH TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,100.	WIRE AND/OR CASH TRANSFERS	0.		
		LATIN AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	9,000.	WIRE AND/OR CASH TRANSFERS	0.		
		LATIN AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE AND/OR CASH TRANSFERS	0.		
		LATIN AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,065.	WIRE AND/OR CASH TRANSFERS	0.		
		LATIN AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,935.	WIRE AND/OR CASH TRANSFERS	0.		
		LATIN AMERICA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	17,800.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	5,990.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,970.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,477.	WIRE AND/OR CASH TRANSFERS	0.		

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,490.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	11,800.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	4,500.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	71,744.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	68,136.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	40,238.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	81,589.	WIRE AND/OR CASH TRANSFERS	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	111309.	WIRE AND/OR CASH TRANSFERS	0.		
		ASIA	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	10,000.	WIRE AND/OR CASH TRANSFERS	0.		
		EUROPE	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE AND/OR CASH TRANSFERS	0.		
		EUROPE	SUPPORTING HUMAN RIGHTS AND/OR RULE OF LAW	6,000.	WIRE AND/OR CASH TRANSFERS	0.		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DEVELOPMENT RESOURCE	STAFF DEVELOPMENT ON PLANNING & EXEC		X	0.	50,135.	50,135.
Total					50,135.	50,135.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less. Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d)				()
9 Net income summary Combine lines 3 and 8 in column (d)					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					()
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATING A GROUP OF NEWS AND MULTIMEDIA JOURNALISTS	1	20,155.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

X

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JENNIFER WINDSOR	(i)	144,484.	0.	0.	4,650.	9,083.	158,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS MELIA	(i)	144,984.	0.	0.	15,175.	9,083.	169,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
QUOC-HUY NGUYEN	(i)	136,538.	0.	0.	14,178.	11,600.	162,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL PULS	(i)	148,766.	0.	0.	0.	8,777.	157,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

FREEDOM HOUSE

Employer Identification number

13-1656647

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID NASTRO TRUSTEE	1.00	X						0.	0.	0.
ANDREW NATHAN TRUSTEE	1.00	X						0.	0.	0.
DIANA VILLIERS NEGROPONT TRUSTEE	1.00	X						0.	0.	0.
LISA B. NELSON TRUSTEE	1.00	X						0.	0.	0.
P.J. O'ROURKE TRUSTEE	1.00	X						0.	0.	0.
MARK PALMER TRUSTEE	1.00	X						0.	0.	0.
CARLOS PASCUAL TRUSTEE	1.00	X						0.	0.	0.
WALTER J. SCHLOSS TRUSTEE	1.00	X						0.	0.	0.
SCOTT SIFF TRUSTEE	1.00	X						0.	0.	0.
WILLIAM H. TAFT IV TRUSTEE	1.00	X						0.	0.	0.
ARTHUR WALDRON TRUSTEE	1.00	X						0.	0.	0.
RUTH WEDGWOOD TRUSTEE	1.00	X						0.	0.	0.
RICH WILLIAMSON TRUSTEE	1.00	X						0.	0.	0.
WENDELL L. WILLKIE II TRUSTEE	1.00	X						0.	0.	0.
JENNIFER WINDSOR EXECUTIVE DIRECTOR	40.00			X				144,484.	0.	10,347.
THOMAS MELIA DEPUTY EXECUTIVE DIRECTO	40.00			X				144,984.	0.	20,684.
QUOC-HUY NGUYEN CFO	40.00			X				136,538.	0.	22,087.
ROBERT HERMAN DIRECTOR OF PROGRAM	40.00					X		114,475.	0.	20,302.
DANIEL PULS DIRECTOR OF DEVELOPM	40.00					X		148,766.	0.	6,744.
LISA DAVIS DEPUTY DIRECTOR	40.00					X		110,344.	0.	15,509.

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

Schedule J-2 (Form 990) 2008

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

FREEDOM HOUSE

Employer Identification number

13-1656647

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

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

EXPRESSION, ASSOCIATION, AND BELIEF, AS WELL AS RESPECT FOR THE RIGHTS
OF MINORITIES AND WOMEN, ARE GUARANTEED.

FREEDOM ULTIMATELY DEPENDS ON THE ACTIONS OF COMMITTED AND COURAGEOUS
MEN AND WOMEN. WE SUPPORT NONVIOLENT CIVIC INITIATIVES IN SOCIETIES
WHERE FREEDOM IS DENIED OR UNDER THREAT AND WE STAND IN OPPOSITION TO
IDEAS AND FORCES THAT CHALLENGE THE RIGHT OF ALL PEOPLE TO BE FREE.
FREEDOM HOUSE FUNCTIONS AS A CATALYST FOR FREEDOM, DEMOCRACY AND THE
RULE OF LAW THROUGH ITS ANALYSIS, ADVOCACY AND ACTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TOGETHER ACHIEVING WOMEN'S ADVANCEMENT IN SERVICES, OPPORTUNITIES AND
LEGAL RIGHTS (TAWASOL). THE GOAL OF THE TAWASOL PROGRAM IS TO SUPPORT
JORDANIAN WOMEN'S RIGHTS ORGANIZATIONS TO WORK TOGETHER TO IMPROVE LAWS
AFFECTING WOMEN AND TO FORM COALITIONS TO ADVOCATE FOR LEGAL REFORMS.
FREEDOM HOUSE IS DEVELOPING PARTNERSHIPS WITH LOCAL ORGANIZATIONS TO
PROMOTE AWARENESS AND ACTIVISM AMONG YOUTH, STRENGTHEN NGO INVOLVEMENT
IN PROMOTING LEGAL REFORMS, CONTINUE INCREASING PUBLIC AWARENESS ON
DOMESTIC VIOLENCE AND GENDER EQUALITY, AND PROMOTES WOMEN'S RIGHTS.
EXPENSES \$ 1185907. INCLUDING GRANTS OF \$ 383761. REVENUE \$ 0.

OTHER PROGRAMS.

EXPENSES \$ 14980008. INCLUDING GRANTS OF \$ 6785481. REVENUE \$ 0.

GLOBAL HUMAN RIGHTS DEFENDER FUND: THE DEFENDER FUND PROVIDES SMALL

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

GRANTS TO HUMAN RIGHTS DEFENDERS IN EMERGENCY SITUATIONS. THE TYPES OF

ASSISTANCE INCLUDE MEDICAL, LEGAL AND HUMANITARIAN SUPPORT.

EXPENSES \$ 1370981. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

HUNGARY, JORDAN, PERU, KAZAKHSTAN,

KYRGYZSTAN, SOUTH AFRICA, KUWAIT, BAHRAIN,

KENYA, MEXICO

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE COMMITTEE OF THE

BOARD HAS DESIGNATED THE CHAIRS OF AUDIT AND FINANCE COMMITTEES TO REVIEW

THE 990 BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IN ANY CASE IN WHICH A TRUSTEE

BELIEVES THAT HIS OR HER CONDUCT OR ACTIVITIES COULD BE CONSTRUED BY A

REASONABLE THIRD PARTY TO CONSTITUTE, OR COULD APPEAR TO CONSTITUTE, A

POSSIBLE CONFLICT OF INTEREST, THE TRUSTEE SHOULD DISCLOSE THE SITUATION TO

THE BOARD'S GOVERNANCE AND ETHICS OFFICER, WHO WILL REVIEW THE MATTER AND

RECOMMEND TO THE EXECUTIVE COMMITTEE A COURSE OF ACTION TO REMOVE THE

CONFLICT OF INTEREST (IF INDEED ONE IS DETERMINED TO EXIST) AND PRESERVE

THE INTEGRITY OF DECISIONS MADE BY OR ON BEHALF OF FREEDOM HOUSE. AT THE

DISCRETION OF THE EXECUTIVE COMMITTEE THE MATTER MAY BE BROUGHT TO THE

ATTENTION OF THE FULL BOARD OF TRUSTEES.

EACH TRUSTEE SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

1. HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY;2. HAS READ AND UNDERSTANDS THIS POLICY; AND

3. AGREES TO COMPLY WITH THE POLICY IN PARTICULAR WITH THE OBLIGATION TO
DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR CIRCUMSTANCES
THAT MIGHT REASONABLY BE PERCEIVED BY THIRD PARTIES TO CONSTITUTE A
CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: BASED ON A RECOMMENDATION FOR THE
 BOARD COMMITTEE ON GOVERNANCE AND ETHICS COMMITTEE, THE FULL BOARD OF
 TRUSTEES ACTS ANNUALLY TO DETERMINE THE COMPENSATION OF THE EXECUTIVE
 DIRECTOR. FURTHER, AS PART OF THE ANNUAL EVALUATION PROCESS FOR THE
 EXECUTIVE DIRECTOR, AND TO ENSURE COMPLIANCE WITH SECTION 4958 OF THE
 INTERNAL REVENUE CODE (WHICH IMPOSES PENALTIES ON NGOS THAT PROVIDE
 EXCESSIVE COMPENSATION TO CEOS), FREEDOM HOUSE IS OBLIGED TO EXAMINE
 SALARIES OF CHIEF EXECUTIVES OF SIMILAR ORGANIZATIONS.
 COMPENSATION FOR OTHER SENIOR OFFICIALS IS DETERMINED BY THE EXECUTIVE
 DIRECTOR, AS PART OF AN ANNUAL PERFORMANCE REVIEW PROCESS CONDUCTED FOR ALL
 EMPLOYEES. THE PROCESS FOR THIS REVIEW IS OVERSEEN BY THE BOARD'S COMMITTEE
 ON GOVERNANCE AND ETHICS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MN
MO, MT, NC, ND, NE, NJ, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV,
WY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number

13-1656647

FORM 990, PART VI, SECTION C, LINE 19: FREEDOM HOUSE'S FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND A SNAPSHOT OF OUR
FINANCIALS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON OUR
WEBSITE. HOWEVER, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
INTERNAL DOCUMENTS AND NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990 PART I, LINE 6

BOARD MEMBERS, UNPAID INTERNS AND SHORT TERM UNPAID EXPERTS TRAVELLING
OVERSEAS.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

FREEDOM HOUSE

Employer identification number
13-1656647

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
FREEDOM HOUSE - UKRAINE B, KHMELNYTSKOHO 68/68 KYIV, UKRAINE 01030	CHARITABLE ORGANIZATION	UKRAINE			N/A
FREEDOM HOUSE - HUNGARY FALK MIKSA UTSCA, 30 IV/2 BUDAPEST, HUNGARY 1055	CHARITABLE ORGANIZATION	HUNGARY			N/A

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

Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

[illegible]

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) FREEDOM HOUSE, HUNGARY	B	167,786.
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

FOOTNOTES

STATEMENT 1

FORM 5471

FREEDOM HOUSE - UKRAINE

FREEDOM HOUSE - UKRAINE, AS A NOT FOR PROFIT ENTITY, DOES
ISSUE STOCK. FREEDOM HOUSE MAINTAINED CONTROL OF FREEDOM
HOUSE - UKRAINE BY PLACING DIRECTORS ON ITS BOARD. FREEDOM
HOUSE RELINQUISHED CONTROL OF FREEDOM HOUSE - UKRAINE DURING
THE FISCAL YEAR BECAUSE IT NO LONGER HAD ENOUGH MEMBERS ON
THE BOARD OF DIRECTORS TO MAINTAIN CONTROL.

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FREEDOM HOUSE	Employer identification number 13-1656647
	Number, street, and room or suite no. If a P.O. box, see instructions. 1301 CONNECTICUT AVE. NW, FLOOR 6	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

QUOC NGUYEN - 1301 CONNECTICUT AVE., NW, 6TH FLOOR -

- The books are in the care of ► **WASHINGTON, DC 20036**

Telephone No. ► **202-296-5101**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 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 Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization FREEDOM HOUSE	Employer identification number 13-1656647
	Number, street, and room or suite no. If a P.O. box, see instructions. 1319 18TH STREET, N.W.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

FREEDOM HOUSE, INC. - 1301 CONNECTICUT AVE., NW, 6TH

- The books are in the care of **► FLOOR - WASHINGTON, DC 20036**

Telephone No. **► 202-296-5101**

FAX No. **►**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year **_____**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE AND COMPLETE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **►** *Y2* Title **►** *Accountant* Date **►** *7/11/10*

Form 8868 (Rev. 4-2009)