Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 P <u>2</u>0 4 Open to Public Inspection

Α	For t	he 2017 calendar year, or tax year beginning	and ending		
В	Check applica			D Employer identifi	cation number
]cha				
	Nan Chai	Doing business as		41-2	106721
	Initia retv Fina retu	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite 301	E Telephone numbe	r 265-1490
	terr atec Ame	aded ELODENICE NA 01000		G Gross receipts \$	5,672,347.
Ē	_Jretu App tion			H(a) is this a group re	
	Ition pend	F Name and address of principal officer: CRAIG AARON SAME AS C ABOVE			s? Yes X No
	F			H(b) Are all subordinates in	
		xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)	(1) or 527		list. (see instructions)
		ite: WWW.FREEPRESS.NET		H(c) Group exemptio	n number 🕨
	art I	of organization; X Corporation Trust Association Other Summary	L Year	of formation: 2003	A State of legal domicile: DC
<u>م</u>	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Activities & Governance		=	2011220	<u> </u>	
Lua	2	Check this box 🕨 🛄 if the organization discontinued its operations or dis	nosed of more	than 25% of its not as	ecoto
ove	3				7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1			6
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			33
ij	6	Total number of volunteers (estimate if necessary)			760
Ġ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	••••••		
A	b	Net unrelated business taxable income from Form 990-T, line 34	•••••••		0.
¢)	8	Contributions and grants (Part VIII, line 1h)		Prior Year 4,405,586.	Current Year 5,651,707.
ř.	9	Program service revenue (Part VIII, line 2g)		556.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,499.	20,640.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,040.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	A	4,424,641.	5,672,347.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		1,774,201.	2,160,344.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•, <u> </u>	0.	0.
e e	b	Total fundraising expenses (Part IX, column (D), line 25) > 380,	539.		<u></u>
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		983,924.	1,117,993.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,758,125.	3,278,337.
1	19	Revenue less expenses. Subtract line 18 from line 12		1,666,516.	2,394,010.
2 S S S				inning of Current Year	End of Year
Fund Balanc	20	Total assets (Part X, line 16)		4,257,600.	6,548,783.
t AS Id BS	21	Total liabilities (Part X, line 26)	·····	531,611.	428,784.
Pure Line	22	Net assets or fund balances. Subtract line 21 from line 20		3,725,989.	6,119,999.
Pa	rt II	Signature Block		······································	
Unde	ir pena	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and stateme	nts, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer I	nas any knowledge,	· · · · ·
		h m m		5/11	2018
Sigr	1	Signature of officer V		Date 1	·
Here	Э	KIMBERLY LONGEY, CHIEF OPERATING OFF	ICER		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Chack	PTIN
Paid		SUBRINA L. WOOD CPA Sulture L. Wood	0	5/09/18 if self-employed	P00365899
Prep		Firm's name CALIBRE CPA GROUP		Firm's EIN 🕨	47-0900880
Use	UNIY	Firm's address 7501 WISCONSIN AVENUE, SUITE 1	200W		
		BETHESDA, MD 20814		Phone no.202	2-331-9880
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
73200	1 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	tions.		Form 990 (2017)

	990 (2017) FREE PRES		41	-2106721 Page 2
Pa	t III Statement of Program Servic	-		
	Check if Schedule O contains a respor	nse or note to any line in this Part III .	<u></u>	X
1	Briefly describe the organization's mission: SEE SCHEDULE O			
2	Did the organization undertake any significar	nt program services during the year v	which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
_	If "Yes," describe these new services on Sch			
3	Did the organization cease conducting, or m If "Yes," describe these changes on Schedu		ducts, any program services?	Yes X No
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organizations	accomplishments for each of its thre		
	revenue, if any, for each program service rep			e total expenses, and
4a	(Code:) (Expenses \$ 2,74	4,721. including grants of \$) (Revenue \$)
	SEE SCHEDULE O FOR A D	ESCRIPTION OF PROG	RAM SERVICE ACCOMP	LISHMENTS.
4b	(Code:) (Expenses \$	including grants of \$) (Bevenue \$)
				,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedu	le O.)		
40		iding grants of \$ 2,744,721.) (Revenue \$)
40	Total program service expenses	4,177,141.		Form 990 (2017)
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		2		

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Form	aan	(2017)	
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FREE PRESS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>^</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G. Part III	19		x

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	990 (2017) FREE PRESS 41-210	5721	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

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Form	990 (2017) FREE PRESS	41-21067	21	Р	age 5					
Pa				-	9-					
	Check if Schedule O contains a response or note to any line in this Part V									
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	13								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0								
с										
	(gambling) winnings to prize winners?									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a	33								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	H	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other autho	—								
	financial account in a foreign country (such as a bank account, securities account, or other financial accou		4a		X					
b	If "Yes," enter the name of the foreign country:	/ F								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accourt	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org									
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of									
	were not tax deductible?	-	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services (provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec									
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra-	ct?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ie 🗌								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	·····	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, I								
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand 13c	L			v					
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		(2017)					

Form 990 (2017)

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	990 (2017) FREE PRESS t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to	rough	41-2106			age
rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	-		1 110 1	espor	ise
200	Check if Schedule O contains a response or note to any line in this Part VI					
	tion A. doverning body and Management				Yes	
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	'	7	165	
iu	If there are material differences in voting rights among members of the governing body at the end of the tax year	14		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h		46		5		
	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					2
•	officer, director, trustee, or key employee?			2		1-
3	Did the organization delegate control over management duties customarily performed by or under the					,
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		2
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		2
6	Did the organization have members or stockholders?			6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					۱.
	more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			_
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b		2
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue	e Code.)			
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		2
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	x	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15a	X	\vdash
D				150	- 11	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		2
	taxable entity during the year?			16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
jec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be					
	KIMBERLY LONGEY, CHIEF OPERATING OFFICER - 202-265					
	40 MAIN STREET, SUITE 301, FLORENCE, MA 01062					
32000	3 11-28-17			Form	1 990	(20
	6					
10	509 712177 71447 2017.03040 FREE PRESS			714	447	
					-	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck		l than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(112/1000 11100)		and related
	below	vid ual .	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CRAIG AARON	34.00							01 054	20 410	
PRESIDENT, CEO	11.00	X		X				91,254.	30,418.	27,255.
(2) OLGA DAVIDSON	1.00							0	0	0
DIRECTOR, SECRETARY	1.00	X		X				0.	0.	0.
(3) LIZA PIKE	1.00	x		x				0.	0.	0
DIRECTOR, TREASURER	1.00	^		^				0.	0.	0.
<pre>(4) D. BENJAMIN SCOTT DIRECTOR, CHAIR</pre>	1.00	x		x				0.	0.	0.
(5) ALVARO BEDOYA	1.00			<u>^</u>				0.	0.	0.
DIRECTOR	1.00	x						ο.	0.	0.
(6) MICHAEL COPPS	1.00							••	0.	0.
DIRECTOR	1.00	x						ο.	0.	0.
(7) VICTOR PICKARD	1.00								•••	•••
DIRECTOR	1.00	x						0.	0.	0.
(8) KIMBERLY LONGEY	34.00									
COO, ASST TREAS, ASST SECY	6.00			x				109,179.	19,267.	22,860.
(9) MATTHEW WOOD	32.00									
POLICY DIRECTOR	8.00					Х		102,402.	25,601.	27,400.
(10) S. DEREK TURNER	34.00									
RESEARCH DIRECTOR	6.00					Х		88,763.	15,664.	15,894.
(11) JESSICA GONZALEZ	34.00									
DEPUTY DIRECTOR & SNR COUNSEL	6.00					х		91,047.	16,067.	10,488.
(12) MISTY PEREZ TRUEDSON	34.00									~~ ~~~
MANAGING DIRECTOR	6.00					X		85,662.	15,117.	23,438.
732007 11-28-17										Form 990 (2017)

732007 11-28-17

	990 (2017) FREE PRE	SS								41-2	106	721	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	am	(F) timate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga anc	pensa om the anizati I relate nizatio	e ion ed
1b	Sub-total	<u> </u>	L	L	L	L	L		568,307.	122,1		12	7,3	35.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	·····				·····		0. 568,307.	122,1		12	7,3	0. 35.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab)le		Veel	2
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			,		•			0	. ,		3	Yes	No X
4	For any individual listed on line 1a, is the se and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot				4	x	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-			-		S 	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										npens	ation fi	rom	
	(A) Name and business				ng v	VICII			(B) Description of s		с	(C omper		n
	HO & CO.)1 WILSON BOULEVARD, A	RLINGTO	Ν,	VZ	A 2	222	209		WEBSITE DEVE AND HOSTING	LOPER		390	5,4	31.
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organi		iot lii	mite	d to		se li: 1	stec	d above) who received m	nore than				
												Form S	990 (2	2017)

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			PRESS				41-2106	721 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lir		(B)	(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues	1b]			
ts, (Am	c	Fundraising events	1c					
Gif ilar		B Related organizations			-			
ns, Sim		e Government grants (contribut			4			
utio Ier (f	All other contributions, gifts, gran		651 707				
Oth	_	similar amounts not included abo		651,707.	4			
Con	-	Noncash contributions included in lines			5,651,707.			
		Total. Add lines 1a-1f		Business Code				
e	2 8	1						
e rvic	_ t							
Se Shu	c							
ram Reve	c							
Program Service Revenue	e							
Ъ		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)			20,640.			20,640.
	4	Income from investment of ta			20,040.			20,0400
	5	Royalties						
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents						
	k	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			4			
	Ľ	 Less: cost or other basis and sales expenses 						
		Gain or (loss)						
		Net gain or (loss)						
e		Gross income from fundraisin						
Other Revenue		including \$	of					
Seve		contributions reported on line						
erF		Part IV, line 18						
Oth		Less: direct expenses						
		Net income or (loss) from fund		>				
	98	a Gross income from gaming ad Part IV, line 19						
	ŀ	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances						
	k	Less: cost of goods sold						
	c	Net income or (loss) from sale	es of inventory	▶				
		Miscellaneous Revenu	le	Business Code				
	11 a							
	k							
	c							
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		►	<u>5,672,</u> 347.	0.	0.	20,640.
73200	9 11-2							Form 990 (2017)

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	se or note to any line in	this Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	241 215	122 265	11 557	66 202
_	trustees, and key employees	241,315.	133,365.	41,557.	66,393
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,522,291.	1,342,053.	20,369.	159,869
7	Other salaries and wages	1, 366, 691.	1,J42,UJJ.	40,309.	1,009
8	Pension plan accruals and contributions (include	58,925.	52,687.	442.	5,796
~	section 401(k) and 403(b) employer contributions)	205,523.	153,040.	39,440.	13,114
9	Other employee benefits	132,219.	111,504.	4,226.	16,489
10	Payroll taxes	152,219.	111,304.	4,220.	10,409
11	Fees for services (non-employees):				
a h	F	1,879.	1,631.	210.	38
b	E E	17,718.	1,051.	17,718.	50
		1,,110.		1,,110.	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' a					
Э	column (A) amount, list line 11g expenses on Sch 0.)	488,125.	434,435.	10,648.	43,042
12	Advertising and promotion	62,603.	47,325.	1,511.	13,767
13	Office expenses	151,919.	126,142.	4,805.	20,972
14	Information technology	36,701.	28,005.	1,064.	7,632
15	Royalties	,			,
16	Occupancy	183,398.	154,634.	5,864.	22,900
17	Tuessel	112,090.	109,377.	538.	2,175
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,820.	32,599.	46.	175
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,676.	11,582.	436.	1,658
23	Insurance	7,667.	5,209.	1,699.	759
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FILING FEES	7,937.		2,280.	5,657
h	TRAINING AND DEV.	1,460.	1,133.	224.	103
c		_,,	_,		
d	-				
e e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,278,337.	2,744,721.	153,077.	380,539
26	Joint costs. Complete this line only if the organization	-,,,	_,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

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Form **990** (2017)

11

alance Sheet heck if Schedule O contains a response or note to any line in this Part ash - non-interest-bearing avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net ccounts receivable, net ccounts receivables from current and former officers, directors, ustees, key employees, and highest compensated employees. Comple art II of Schedule L bans and other receivables from other disqualified persons (as defined action 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net ventories for sale or use	Beginr 1, 3 2, 2 te under ibuting L	(A) ning of year 302,759. 363,935. 285,000. 151,746.	1 2 3	(B) End of year 499,608 2,098,381 3,566,260 310,151
ash - non-interest-bearing avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net bans and other receivables from current and former officers, directors, ustees, key employees, and highest compensated employees. Complet art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	Beginr 1, 3 2, 2 te under ibuting L	(A) hing of year 302,759. 363,935. 285,000.	1 2 3 4 5	(B) End of year 499,608 2,098,381 3,566,260
avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net bans and other receivables from current and former officers, directors, lustees, key employees, and highest compensated employees. Comple art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	te under ibuting	ning of year 302,759. 363,935. 285,000.	2 3 4 5	End of year 499,608 2,098,381 3,566,260
avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net bans and other receivables from current and former officers, directors, lustees, key employees, and highest compensated employees. Comple art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	te under ibuting	302,759. 363,935. 285,000.	2 3 4 5	499,608 2,098,381 3,566,260
avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net bans and other receivables from current and former officers, directors, lustees, key employees, and highest compensated employees. Comple art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	1, 3 2, 2 te under ibuting	363,935. 285,000.	2 3 4 5	2,098,381 3,566,260
edges and grants receivable, net ccounts receivable, net bans and other receivables from current and former officers, directors, ustees, key employees, and highest compensated employees. Complet art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	te under ibuting	285,000.	3455	3,566,260
ccounts receivable, net	te under ibuting		4 5	
bans and other receivables from current and former officers, directors, ustees, key employees, and highest compensated employees. Complete art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	te under ibuting	151,746.	5	310,151
ustees, key employees, and highest compensated employees. Complete art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	under ibuting			
art II of Schedule L bans and other receivables from other disqualified persons (as defined ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont mployers and sponsoring organizations of section 501(c)(9) voluntary mployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	under ibuting			
bans and other receivables from other disqualified persons (as defined action 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont nployers and sponsoring organizations of section 501(c)(9) voluntary nployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	under ibuting			
ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont nployers and sponsoring organizations of section 501(c)(9) voluntary nployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	ibuting		6	
nployers and sponsoring organizations of section 501(c)(9) voluntary nployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net	L		6	
nployees' beneficiary organizations (see instr). Complete Part II of Sch otes and loans receivable, net			6	
otes and loans receivable, net			6	
ventories for sale or use			7	
		100 104	8	F 4 0 0 2
repaid expenses and deferred charges		120,194.	9	54,093
and, buildings, and equipment: cost or other				
	892.	10 000		
······		13,6/6.		C
		20 200		20.200
				20,290
		<u>436 611</u>		6,548,783
		430,0II.		333,784
			21	
• •				
			00	
omplete Part II of Schedule L				
			24	
	(of			
		95 000.	25	95,000
				428,784
		551/0110	20	1207701
	anu			
	1 4	504 744.	27	1,729,749
				4,390,250
			30	
		725,989.		6,119,999
				6,548,783
evvvtittorcreasosyoenttacorroneerinaaeo	ss: accumulated depreciation 10b 259, vestments - publicly traded securities vestments - other securities. See Part IV, line 11 200 259, vestments - program-related. See Part IV, line 11 200 200 200 200 200 200 200 200 200	ss: accumulated depreciation 10b 259,892. vestments - publicly traded securities vestments - other securities. See Part IV, line 11 vestments - program-related. See Part IV, line 11 angible assets her assets. See Part IV, line 11 4, tal assets. Add lines 1 through 15 (must equal line 34) 4, counts payable and accrued expenses 4 ants payable ferred revenue x-exempt bond liabilities ans and other payables to current and former officers, directors, trustees, y employees, highest compensated employees, and disqualified persons. mplete Part II of Schedule L curred mortgages and notes payable to unrelated third parties lescured nortes and loans payable to unrelated third parties 1 her liabilities (including federal income tax, payables to related third 1 tries, and other liabilities not included on lines 17-24). Complete Part X of 1 hedule D 1 1 tal liabilities. Add lines 17 through 25 2 2 ganizations that follow SFAS 117 (ASC 958), check here 1 1 uporarily restricted net assets 2, ; 2, ; 3 manently restricted net assets 2, ; 2, ; 1 id-in or ca	ss: accumulated depreciation 10b 259,892. 13,676. vestments - publicly traded securities estments - other securities. See Part IV, line 11 estments - program-related. See Part IV, line 11 angible assets See Part IV, line 11 20,290. tal assets. Add lines 1 through 15 (must equal line 34) 4,257,600. counts payable and accrued expenses 436,611. ants payable 436,611. ferred revenue x-exempt bond liabilities crow or custodial account liability. Complete Part IV of Schedule D ans and other payables to current and former officers, directors, trustees, y employees, highest compensated employees, and disqualified persons. mplete Part II of Schedule L curred mortgages and notes payable to unrelated third parties usecured notes and loans payable to unrelated third parties secured notes and loans payable to unrelated third parties usecured notes and loans payable to unrelated third parties 531,611. ganizations that follow SFAS 117 (ASC 958), check here ▶ IX and mplete lines 27 through 25 531,611. ganizations that do not follow SFAS 117 (ASC 958), check here ▶ IX and mplete lines 30 through 34. 1,504,744. uptial stock or trust principal, or current funds domplete lines 30 through 34. 1,504,725,989. upital stock or trust principal, or current fund	ss: accumulated depreciation 10b 259,892. 13,676. 10c vestments - publicly traded securities 11 11 12 vestments - other securities. See Part IV, line 11 13 13 angible assets 14 20,290. 15 tal assets. Add lines 1 through 15 (must equal line 34) 4,257,600. 16 counts payable and accrued expenses 436,611. 17 ants payable 18 20 290. 15 tal assets. Add lines 1 through 15 (must equal line 34) 436,611. 17 ants payable 18 20 200. 16 counts payable and accrued expenses 436,611. 17 ants payable 18 436,611. 17 exempt bond liabilities 20 20 20 crow or custodial account liability. Complete Part IV of Schedule D 21 23 23 usecured notes payable to urrelated third parties 22 24 24 her liabilities. Add lines 17 through 25 531,611. 26 ganizations that follow SFAS 117 (ASC 958), check here 29 531,611. 26 <t< td=""></t<>

Form **990** (2017)

Form	1 990 (2017) FREE PRESS	41-21	06721	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,672		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,278		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,394		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,725	o,9	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		c 4 4 6		~ ~
	column (B))	10	6,119	9,9	99.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0	x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
<u>_</u>	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			x
	Act and OMB Circular A-133?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection
identification number

OMB No. 1545-0047

Name of	of the organization						Employer	identification number
		PRESS						1-2106721
Part	I Reason for Public	Charity Status (All organizations must co	omplete th	iis part.) Se	ee instruction	S.	
The org	anization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
з 🗌	A hospital or a cooperative					ii).		
4	A medical research organiz					-	.)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 X							the general	public described in
	section 170(b)(1)(A)(vi). (C			-			-	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org			-	ed in conju	inction with a	land-grant	college
	or university or a non-land-	-					-	-
	university:		. ,					
10	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	activities related to its exen							
	income and unrelated busi							-
	See section 509(a)(2). (Co	mplete Part III.)			·		•	
11 🗌	An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	lines 12a through 12d that							
а [Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	organization. You must o	complete Part IV, Se	ections A and B.					
ь [Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c [Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d [Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)
	that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instruct							
е [Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
fΕ	nter the number of supported of	organizations						
 P	rovide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total								

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3735707.	1532084.	2438063.	4405586.	5651707.	17763147.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3735707.	1532084.	2438063.	4405586.	5651707.	17763147.
	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)						11023114.
6	Public support. Subtract line 5 from line 4.						6740033.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	3735707.	(b) 2014 1532084.	2438063.	4405586.	5651707.	17763147.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	30,314.	14,537.	18,058.	18,499.	20,640.	102,048.
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17865195.
	Gross receipts from related activities,	etc. (see instructio	ane)			12	201,891.
	First five years. If the Form 990 is for		,	d fourth or fifth to			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<u></u>		
	Public support percentage for 2017 (column (f))		14	37.73 %
	Public support percentage from 2016					15	39.91 %
	33 1/3% support test - 2017. If the c						,,,
100	stop here. The organization qualifies						► X
h	33 1/3% support test - 2016. If the c						······ • —
~	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						or more
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-	•	•	•	
L		-	-				
L.	10% -facts-and-circumstances tes more and if the organization mosts the	-					
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 17a, or 17t			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	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 VI.)						
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, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganization,
	check this box and stop here	-					
Se	ction C. Computation of Publ						
15	Public support percentage for 2017 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	17 (line 10c, colui	mn (f) divided by li	ine 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2017. If the	organization did r				33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	nstructions	>
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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

I U	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L
73202	5 10-06-17 Schedule A (Form	990 or 99	90-EZ)	2017

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 FREE PRESS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	inizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All							
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
				-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FREE PRESS

line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	2 and 3; Part IV, Section E, lines 1c, 2a, d Part V, Section E, lines 2, 5, and 6. Als	2b, 3a, and 3b; Part o complete this part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

41-	-21()6721

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Organization type (check on	e):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2
ganization	Empl	oyer identification number
PRESS	4	1-2106721
Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>2,156,152</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$875,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d) Type of contribution
	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$\$990.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	\$\$	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person X Payroll Noncash (Complete Part II for noncash contributions.) n 990, 990-EZ, or 990-PF) (2017)
	ganization PRESS Contributors (see instructions). Use duplicate copies of Part II (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (c) (c) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) Name, address, and ZIP + 4 (c) (c) (c) Name, address, and ZIP + 4 (c)	panization Empl 4 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) Total contributions (c) Total contributions (b) total contributions (c) Total co

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ional space is needed. (c) Total contributions (c) (c) (c) Total contributions (c) (c) Total contributions (c) (c) (c) (c) (c) (c) (c) (c)	(Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(c) Total contributions (c) (c) (c) Total contributions (c) (c) 150,000 (c)	(d) Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash (complete Part II for noncash Image: Complete Part II for noncash
(c) Total contributions (c) (c) (c) Total contributions (c) (c) 150,000 (c)	Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Person X Person X Payroll Noncash (Complete Part II for Noncash (Complete Part II for
\$(c) \$(c) (c) \$	Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Person X Person X Payroll Noncash (Complete Part II for Noncash (Complete Part II for
(c) 	Payroll Noncash (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
\$150,000	Type of contribution Person X Payroll Image: Complete Part II for
_	Payroll Noncash (Complete Part II for
(c)	
	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(c) Total contributions (c) (c) (c) (c) Total contributions (c)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
lame of organization

Page 3

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Employer identification number

41-2106721

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17 24

2017.03040 FREE PRESS

EE PI		tributions to organizations described	$\frac{41-2106721}{100000000000000000000000000000000000$
irt m	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follow	wing line entry. For organizations
	Use duplicate copies of Part III if addition	al space is needed.	less for the year. (Enter this into: once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of giff	t Relationship of transferor to transferee
No. pm irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of giff	
-	Transferee's name, address, a		Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of gift	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
4 11-01-1	-		Schedule B (Form 990, 990-EZ, or 990-PF)

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nan	ne of organization FREE PR	RESS		E	mployer identification number $41 - 2106721$
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 52	7 organization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		Þ	
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	r incurred by organization manager on 4955 tax, did it file Form 4720 fc	s under section 4955 or this year?	P	▶ \$ Yes No Yes No
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 50	01(c)(3).
2	exempt function activities	nization's funds contributed to othe	er organizations for sec	ction 527	►\$ ►\$
3	Total exempt function expenditure				•
4	line 17b Did the filing organization file Form	1120-POL for this year?			▶ \$YesNo
5	Enter the names, addresses and e made payments. For each organiza contributions received that were p political action committee (PAC). If	mployer identification number (EIN) ation listed, enter the amount paid romptly and directly delivered to a) of all section 527 poli from the filing organiza separate political orga	itical organizations to v ation's funds. Also ente nization, such as a sep	which the filing organization er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and
		1	1	1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017					41-2	106721 Page 2	
Part II-A Complete if the org	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under	
section 501(h)).							
	-		liated group (and list ir	n Part IV each affiliated	l group member's nam	e, address, EIN,	
expenses, and sha			• •				
B Check ► if the filing organiza	ation checke	ed box A ar	nd "limited control" pro	ovisions apply.	()		
	its on Lobb ditures" me		nditures Ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	luence publ	ic opinion (grass roots lobbying)		0.		
b Total lobbying expenditures to infl	luence a leg	islative boo	dy (direct lobbying)		0.		
c Total lobbying expenditures (add l	lines 1a and	11b)			0.		
d Other exempt purpose expenditur					2,897,798.		
e Total exempt purpose expenditure					2,897,798.		
f_Lobbying nontaxable amount. Ent					294,890.		
If the amount on line 1e, column (a)			bying nontaxable am				
Not over \$500,000							
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 (er	nter 25% of	line 1f)			73,723.		
h Subtract line 1g from line 1a. If zer	ro or less, e	nter -0-			0.		
i Subtract line 1f from line 1c. If zer	o or less, er	nter -0			0.		
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	reporting section 4911 tax for this year?						
		4-Year Ave	eraging Period Under	section 501(h)			
(Some organizations t				•	of the five columns b	elow.	
	See	the separa	ate instructions for li	nes 2a through 2f.)			
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount	251	L,863.	242,804.	270,172.	294,890.	1,059,729.	
b Lobbying ceiling amount						1 500 500	
(150% of line 2a, column(e))						1,589,594.	
c Total lobbying expenditures							

397,400. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

67,543.

Schedule C (Form 990 or 990-EZ) 2017

73,723.

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60,701.

62,966.

264,933.

d Grassroots nontaxable amount e Grassroots ceiling amount

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No Amo		ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
g h	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		01.00	otion	
Fai	501(c)(6).	511 50 1(0)(5)	, 01 56	CION	
				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 carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
-	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure part year?		4		
5	expenditure next year?				
	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

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Employer identification number 41-2106721

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education)	prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	ion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes t	the organization's accounting for
Da	t III Organizations Maintaining Collections of	of Art. Historical Traceuros, or Ot	thar Similar Assats
Fai	Complete if the organization answered "Yes" on Form		iner Similar Assets.
10			pont and balance aboat works of art
Id	If the organization elected, as permitted under SFAS 116 (A historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		ice of public service, provide, in Part All,
h	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of put	bic service, provide the following amounts
	•		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0		aguras, or other similar assets for financial	
2	If the organization received or held works of art, historical tree the following amounts required to be reported under SEAS		gain, provide
-	the following amounts required to be reported under SFAS		► ¢
a b	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017
	1 10-09-17	10 10 1 0111 000.	Schedule D (Form 350) 2017
10200			

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Sche	edule D (Form 990) 2017 FREE PR	ESS					4	1-21	0672	<u>1 Pa</u>	age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Oth	er Simila	r Asse	ts(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant us	se of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progr	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	in how th	hey further t	he organizat	ion's exe	mpt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	asures, or oth	ner simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	on answered	"Yes" or	1 Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						• • • • • • • • • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	<u></u>]
Pa	rt V Endowment Funds. Complete if								() [
		(a) Current year	(b)F	Prior year	(c) Two yea	IS DACK	(d) Three yea	ars back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								1		
	and programs										
Ť	Administrative expenses										
g	End of year balance				-)) la al al a a a				<u>i </u>		
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) neid as:						
a L	Board designated or quasi-endowment	0/	_%								
D	Permanent endowment	%									
С	Temporarily restricted endowment	% %									
20	The percentages on lines 2a, 2b, and 2c sho		ation th	at are hold a	nd administ	arad for t	ha araaniza	tion			
Ja	Are there endowment funds not in the posse	ssion of the organiz	auonin	at are neiù a			ne organiza	lion	Г	Yes	No
	by: (i) unrelated organizations								3a(i)	165	NU
	AND 1 1 1 1 1										
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								00	L	
Pa	rt VI Land, Buildings, and Equipm	0	Switterit	Turius.							
	Complete if the organization answered		0. Part IV	V. line 11a. S	See Form 99	0. Part X.	line 10.				
	Description of property	(a) Cost or c		1	t or other		ccumulated		(d) Boo	k valur	
	Description of property	basis (investr			(other)		preciation		(u) Dool	value	
1a	Land		,		. /						
	Buildings										
	Leasehold improvements			22	9,146.		229,14	6.			0.
	Equipment				0,746.		30,74				0.
	Other				-		-				
	I. Add lines 1a through 1e. (Column (d) must ea		X, colur	mn (B). line 1	10c.)	•					0.
		. ,			,						

Schedule D (Form 990) 2017

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	ADVANCE FROM RELATED ORGANIZATIO	DN	95,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	🕨	95,000.

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

Schedule D (Form 990) 2017

732053 10-09-17

Sche	hedule D (Form 990) 2017 FREE PRESS		41-2	2106721 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			5,672,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,672,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	c Add lines 4a and 4b			0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5,672,347.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		nses per Retu	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,278,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,278,337.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,278,337.
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE
ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE
PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND
PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND
DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX
POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, AND DETERMINED
THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL
STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF
DECEMBER 31, 2017, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2014 THROUGH
732054 10-09-17 Schedule D (Form 990) 2017 32
2410509 712177 71447 2017.03040 FREE PRESS 71447_1

Schedule D (Form 990) 2017 FREE PRESS	11-2106721 Page 5
Part XIII Supplemental Information (continued)	
2016 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE	STATE OF
MASSACHUSETTS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE	TNTEREST
AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY,	
	IN UNKEDATED
BUSINESS INCOME TAX EXPENSE.	
	Schedule D (Form 990) 2017

(Form 990) For cartain Officiers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Vet" on Form 990, Part IV, line 23.	SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public Inspection Part IV comparison Part IV, Section A, line 14. Complete fitte organization answered "Yes" on Form 990, Part IV, line 23. Part I Cuestions Regarding Compensation PREE PRESS PRESS Provide a synchromy of the following to or for a person listed on Form 990, Part IV, Section A, line 14. Complete Part III to provide any relevant information regarding these terms. Part II Cuestions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part IV, Section A, line 14. Complete Part III to provide any relevant information regarding these terms. Part IV comparison on any one-participation of the organization provided any of the following to or for a person listed on Form 990, Part IV, Section A, line 14. Complete Part III to provide any relevant information regarding these terms. Part IV comparison of a of the organization provided any of the following to er for a person listed on Form 990, Part IV, Bector A, line 14. Complete Part III to provide any relevant information regarding these terms. Part IV comparison of all of the expenses described above? If No, 'complete Part III to explain Tax indemnification and gross-up payments Personal services (such as, maid, charlfour, chel) Did the organization require substantiation prior torinduring or allowing openses incurred by all directors. Turatises, and officers, including the CEO/Exocutive Director, regarding the leans checked on line 14? Compensation commutate Compensation of the organization to establish compensation of the organization to establish compensation or the cargonization CEO/Executive Director, Check, att yobing in Part III. Compensation commutate Compensation or the companization Receive as everance payment from, a supplemental nonqualified retrement plan? Approval by the board or compensation Approval by the board or compens	(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2017		
Determination Determination Determination Determination Name of the organization FREE PRESS Employer identification number 41-210 6721 Part I Questions Regarding Compensation 41-210 6721 Image: A start of the organization provided any of the following to or for a person listed on Form 990. Yes Part I Questions Regarding Compensation Yes Image: A start of the organization provided any of the following to or for a person listed on Form 990. Yes Part I Questions Regarding Compensation Yes Image: A start of the organization provided any of the following to or for a person listed on Form 990. Yes Part II Regarding A start of the organization provided any of the following to or for a person listed on Form 990. Part II, start of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or traintoring and automation regarding the terms of the organization regular start or to embursing a railworg appensistem or the organization start or to embursing a railworg appensistem or the organization start or establish the compensistem or the organization regular substantiaton provide the all that apply. Do not check are provide the able d regarization to establish the compensistem or the organization to establish the compensistem or the organization to establish the compensistem or the CEO/Executive Director, but explain in Part III. Comprestation committee					20		
Interverse Image Chino Imspection Name of the organization FREE PRESS 41-2106721 Part I Questions Regarding Compensation Yes No Image Chino Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, In at Complete Part III to provide any relevant information regarding these items. Yes No Part II Check the appropriate box(se) if the organization provided any relevant information regarding these items. Yes No Part VII, Section A, In at L. Complete Part III to provide any relevant information regarding these items. Yes No Two indemotification and gross-up payments Payments for business used of personal residence Image Chino, The Section 2000 (Section 2000) (Section	Depa						
FREE PRESS 41-2106721 Part II Questions Regarding Compensation Yes No Part II Questions Regarding Compensation provide any relevant information regarding these listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these listems. Image: Complete Part III to provide any relevant information regarding these listems. Image: Complete Part III to provide any relevant information regarding these listems. Image: Complete Part III to provide any relevant information regarding these listems. Image: Complete Part III to provide any relevant information regarding these listems. Image: Complete Part III to complete Part III to couplete Pa	Intern	al Revenue Service					
Part I Questions Regarding Compensation Image: Compension of the properties box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Note Personal use Image: Class or charter travel Housing allowance or relevant information regarding these items. Image: Class or charter travel Image: Class or charter travel Housing allowance or relevant information regarding these items. Image: Class or charter travel Image: Class or charter travel Heusing allowance or relevant information regarding payment or relembursement or provision of all of the expenses described above? If No, "complete Part III to explain. Ib Image: Difference in travel or companization regularization regarding payment or relembursement or provision of all of the expenses described above? If No, "complete Part III to explain. Ib Image: Difference in the apply. Do not check any boxes for methods used by a related organization to establish homopensation or the CEO/Executive Director, there any boxes for methods used by a related organization to establish on Demogenizations. Image: Compensation committee Image: Difference in the payment or charge of control payment? Compensation committee Image: Compensation committee Image: Difference in the payment or charge of control payment? Image: Compensation committee Image: Compensation committee Image: Dimage: Difference in t	Nam	e of the organizatio					mber
Image: the set of the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the set items. Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Complete Part III to soplain Part VII, Section A, line 1a. Witten employment contract Part VII, Section A, line 1a., with respect to the filing organization: Part VII, Section A, line 1a., with respect to the filing organization: Part VII, Section A, line 1a., with respect to the filing organization: Part VII, Section A, line 1a., with respect to the filing organization? Part Part VII. Participate in, or receive payment from, a supplemental nonqualified retrement plan? Participate in, or receive payment from, a supplemental nonqualified retrement plan? Part VII. Participate in, or receive payment from, a supplemental nonqu				41-2	10672	1	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-tasks or charter travel First-tasks or charter travel Discretionary spending account b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If No," complete Part III to explain	Ра	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companion of a companion of the companion of a compania companion compania companion of a companion of a compania compan		o				Yes	No
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Travel for companions Payments for business use of personal residence Bit any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to ECO/Executive Director, regarding the items checked on line 1a? 2 4 Indicate which, if any, of the following the filing organization used to establish the compensation organization to establish compensation committee 2 Compensation committee Written employment contract 2 Compensation committee Written employment contract 4a Compensation committee Written employment contract 4a Participate in, or neceive payment from, a supplemental nonqualified retirement plan? 4a X 4 Participate in, or neceive payment from, a supplemental nonqualified retirement plan? 4c X Participate in, or neceive payment from, a supplemental nonqualified retirement plan? 5a X B Participate in, or neceive payment from, a supplemental nonqualified retirement plan?							
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any of the following the filing organization used to establish the compensation committee Written employment contract Compensation committee Written employment contract Compensation committee Independent compensation consultant Compensation auropensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 5 For persons listed on Form 990, Part VII, S							
Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, negarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Witten employment contract Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X 5 Participate in, or receive payment from, a equity-based compensation arrangement? 4a X 6 Participate in, or receive payment part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues							
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization's CEO/Executive Director, but explain in Part III. 2 4 Compensation committee Written employment contract 2 1 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 2 Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 3 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretionary	spending account Personal services (such as, maid, chauffe	ur, chet)			
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trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 1 Compensation committee Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4a X Beceive a severance payment from, a supplemental nonqualified retirement plan? 4b X C Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation committee 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b X a The organization? 6a X A A A	~				10		
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Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any		·					
Image: Solution of the organizations Image: Solution of the organization organization organization organization organization organization organization of the organises of the organization of the organization of the organ							
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organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X c The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III.				ommittee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X c The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III.	4	During the year di	any person listed on Form 990 Part VII. Section A line 1a with respect to the filing				
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X c The organization? 6a X b Any related organization? 6a X	•						
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X ff "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 5a X ff "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 X X 1 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section	а	•			4a		x
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Comparison of Compar							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Control (C)(3), 501(C)(4), and 501(C)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X fit "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject							X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X fl "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8	-						
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the or		,					
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the or		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? 6b contingent on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1	5			on			
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1		-					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X lf "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1	а	•					Х
If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Contract in the contract in	b	Any related organiz	ration?		5b		Х
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were' on line 8, did the organization also follow the rebuttable presumption procedure described in 							
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 1 1	6			on			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Image: Contract Con		contingent on the r	net earnings of:				
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 0 0	а				6a		Х
If "Yes" on line 6a or 6b, describe in Part III. Image: style="text-align: center;">Image: style="text-align:							Х
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 6							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 6	7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							Х
•	9						
Regulations section 53.4958-6(c) /			n 53.4958-6(c)?	<u></u>	9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 201	LHA					n 990)) 2017

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

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

41-2106721

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	reported as deferred on prior Form 990
(1) KIMBERLY LONGEY	(i)	109,179.	0.	0.	5,514.	14,927.	129,620.	0.
COO, ASST TREAS, ASST SECY	(ii)	19,267. 102,402.	0.	0.	973.	1,446.	21,686.	0.
(2) MATTHEW WOOD	(i)	102,402.	0.	0.	5,354.	16,566.	124,322.	0.
POLICY DIRECTOR	(ii)	25,601.	0.	0.	1,338.	4,142.	31,081.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page **2**

Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

FREE PRESS

41-2106721

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FREE PRESS IS A NATIONAL, NONPARTISAN ORGANIZATION WORKING TO REFORM THE MEDIA. FREE PRESS CONDUCTS RESEARCH ON HOW THE CURRENT MEDIA SYSTEM INFLUENCES THE DEVELOPMENT OF PUBLIC POLICY AND EDUCATES THE PUBLIC AND POLICY-MAKERS ON HOW A MORE DIVERSE AND PUBLIC SERVICE-ORIENTED MEDIA SYSTEM CAN STRENGTHEN AMERICAN DEMOCRACY. FREE PRESS PROMOTES DIVERSE AND INDEPENDENT MEDIA OWNERSHIP, STRONG PUBLIC MEDIA AND UNIVERSAL ACCESS TO COMMUNICATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FREE PRESS WAS CREATED TO GIVE PEOPLE A VOICE IN THE CRUCIAL DECISIONS THAT SHAPE OUR MEDIA. WE BELIEVE THAT POSITIVE SOCIAL CHANGE, RACIAL JUSTICE AND MEANINGFUL ENGAGEMENT IN PUBLIC LIFE REQUIRE EQUITABLE ACCESS TO TECHNOLOGY, DIVERSE AND INDEPENDENT OWNERSHIP OF MEDIA PLATFORMS, AND JOURNALISM THAT HOLDS LEADERS ACCOUNTABLE AND TELLS PEOPLE WHAT'S ACTUALLY HAPPENING IN THEIR COMMUNITIES. FREE PRESS CLOSELY WATCHES AS THE DECISIONS SHAPING THE MEDIA LANDSCAPE ARE MADE AND SOUNDS THE ALARM WHEN PEOPLE'S RIGHTS TO CONNECT AND COMMUNICATE ARE IN DANGER. WE FOCUS ON SAVING NET NEUTRALITY, ACHIEVING AFFORDABLE INTERNET ACCESS FOR ALL, UPLIFTING THE VOICES OF PEOPLE OF COLOR IN THE MEDIA, CHALLENGING OLD AND NEW MEDIA GATEKEEPERS TO SERVE THE PUBLIC INTEREST, ENDING UNWARRANTED SURVEILLANCE, DEFENDING PRESS FREEDOM AND REIMAGINING LOCAL JOURNALISM.

FORM 990, PART III, LINE 4A

 PROGRAM WORK INCLUDES: RESEARCH, EDUCATION, ORGANIZING AND MOBILIZING

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FREE PRESS	Employer identification number 41-2106721
1.4 MILLION INDIVIDUALS AND MORE THAN 230 ORGANIZATIONS T	O ADVOCATE FOR
BETTER MEDIA, OPEN TECHNOLOGY AND A HEALTHIER DEMOCRACY.	FREE PRESS
WORKS TO PRESERVE RIGHTS TO FREE EXPRESSION, COMMUNICATIO	N AND PRIVACY
ONLINE AND IN PERSON. AREAS OF FOCUS INCLUDE NETWORK NEUT	RALITY, ONLINE
PRIVACY, CORPORATE AND GOVERNMENT SURVEILLANCE, JOURNALIS	M, PUBLIC
MEDIA, MEDIA CONSOLIDATION AND MEDIA DIVERSITY, AND GOVER	NMENT
TRANSPARENCY AND ACCOUNTABILITY.	

ACCOMPLISHMENTS INCLUDE:

1) GROWING AND LEADING THE MOVEMENT FOR MEDIA REFORM AND JUSTICE. PROVIDED REGULAR INFORMATION VIA EMAIL AND WEBSITE TO 1.4 MILLION CONSTITUENTS HAILING FROM ALL 50 STATES. OUR WEBSITE ATTRACTED MORE THAN 4 MILLION UNIQUE VISITORS AND OUR FIELD EVENTS ATTRACTED THOUSANDS OF PARTICIPANTS. WE INTERACTED WITH 125,000 SOCIAL MEDIA FOLLOWERS AND EARNED 3,000 PRESS HITS. CREATED AND DISSEMINATED RESOURCE MATERIALS INCLUDING RESEARCH REPORTS, ISSUE BRIEFS, FACTSHEETS, AND BROCHURES. PROVIDED TRAINING AND SUPPORT TO DOZENS OF LOCAL AND REGIONAL MEDIA REFORM GROUPS AND TO THOUSANDS OF LOCAL MEDIA ACTIVISTS. FILED PUBLIC COMMENTS, AND PARTICIPATED IN SEVERAL FEDERAL COMMUNICATIONS COMMISSION PROCEEDINGS. WORKED WITH DOZENS OF ORGANIZATIONS TO PLAN AND IMPLEMENT HIGH PROFILE EDUCATIONAL EVENTS. SECURED FINANCIAL SUPPORT FROM 1,084 FOUNDATIONS, PUBLIC CHARITIES AND INDIVIDUAL DONORS.

2) INTERNET: PROMOTED POLICIES THAT PROTECT CONSUMERS, ENSURE INTERNET ACCESS AND AFFORDABILITY AND ENCOURAGE COMPETITION AND INNOVATION IN THE BROADBAND MARKETPLACE. EDUCATED CONSUMERS ABOUT PRICING, COMPETITION, AND SERVICE PRACTICES IN THE CABLE AND WIRELESS SERVICES 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 38 12410509 712177 71447

2017.03040 FREE PRESS

 71447_1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
FREE PRESS	41-2106721
INDUSTRY. EXPOSED UNFAIR TRADE PRACTICES AND VIOLATIONS O	F NET
NEUTRALITY. PROMOTED EFFORTS TO DEFEND NETWORK NEUTRALITY	AND TREAT THE
INTERNET AS A COMMUNICATIONS SERVICE UNDER TITLE II OF TH	E
COMMUNICATIONS ACT. ISSUED GROUNDBREAKING REPORT DEMONSTR	ATING THE
TITLE II RULES WERE FOSTERING INNOVATION AND INVESTMENT.	TESTIFIED
BEFORE CONGRESS TO DEFEND THE LIFELINE PROGRAM.	

3)JOURNALISM: ENCOURAGED PUBLIC BROADCASTERS TO INVEST IN LOCAL NEWS AND INFORMATION NEEDS. EXPOSED THE NEGATIVE IMPACT OF MARGINALIZATION AND SUPPRESSION OF INDEPENDENT VOICES. PROMOTED FREEDOM OF THE PRESS. MONITORED AND EXPOSED INCIDENTS WHERE MEMBERS OF THE PRESS ARE HARASSED WHILE DOING THEIR JOBS. WORKED WITH DOZENS OF NEW JERSEY AND NORTH CAROLINA BASED ORGANIZATIONS AND HUNDREDS OF INDIVIDUALS TO EXPLORE HOW LOCAL NEWS CAN CONTRIBUTE TO A BROAD, SOLUTIONS-ORIENTED EFFORT TOWARD DEMOCRATIC PARTICIPATION AND COMMUNITY SELF-DETERMINATION. PROMOTED THE CREATION OF THE NEW JERSEY CIVIC INFORMATION CONSORTIUM TO HELP BOLSTER PUBLIC-INTEREST JOURNALISM, CIVIC INFORMATION AND MEDIA INNOVATION FOR DECADES TO COME.

4) MEDIA CONTROL: WORKED TO PREVENT FURTHER CONSOLIDATION OF MEDIA OWNERSHIP AND TO PROMOTE POLICIES THAT SUPPORT PLURALISM AND DIVERSITY. PROMOTED COMPETITIVE, DIVERSE AND INDEPENDENT LOCAL MEDIA. OPPOSED MULTIPLE CORPORATE MERGER PLANS. PROMOTED REGULATION THAT PROVIDES MEDIA OWNERSHIP OPPORTUNITIES FOR UNDERREPRESENTED COMMUNITIES. ENCOURAGED MEDIA OUTLETS TO ADOPT BUSINESS POLICIES AND PRACTICES TO DIVERSIFY NEWSROOMS.

732212 09-07-17

Name of the organization

FREE PRESS

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEES THAT ARE AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

GENERALLY, AN ELECTRONIC COPY OF FORM 990 IS DISTRIBUTED TO MEMBERS OF THE AUDIT OVERSIGHT COMMITTEE (CHAIR, TREASURER, AND ASSISTANT TREASURER) WHO REVIEWS IT AND THE ORGANIZATION'S FINANCIAL STATEMENTS IN A MEETING WITH THE CERTIFIED PUBLIC ACCOUNTANT RETAINED TO PREPARE THESE DOCUMENTS. ONCE THE AUDIT OVERSIGHT COMMITTEE IS SATISFIED WITH THE ACCURACY OF THE INFORMATION PRESENTED, A COPY OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS PRIOR TO FILING. EACH YEAR THE ENTIRE GOVERNING BODY IS OFFERED THE OPPORTUNITY TO MEET WITH THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANT TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND DISCUSS THE FINANCIAL MANAGEMENT PRACTICE OF THE ORGANIZATION. THIS IS AN OPTIONAL MEETING DESIGNED TO ALLOW THE GOVERNING BODY DIRECT ACCESS TO THE INDEPENDENT AUDITOR.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. SIGNED DOCUMENTS ARE COLLECTED AT THE ANNUAL MEETING OF THE GOVERNING BODY. IF A REAL OR PERCEIVED CONFLICT IS REPORTED, THE PROCEDURES IN THE POLICY ARE FOLLOWED.

 FORM 990, PART VI, SECTION B, LINE 15:

 EACH POSITION AT FREE PRESS HAS A PAY RANGE. RANGES ARE DETERMINED AFTER

 REVIEW OF COMPARABILITY DATA, INCLUDING COMPENSATION INFORMATION RECEIVED

 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FREE PRESS	Employer identification number 41-2106721
DIRECTLY FROM PEER ORGANIZATIONS, COMPENSATION DATA FROM	THE FEDERAL
GOVERNMENT PAY SCALE, AND RESEARCH ON NONPROFIT COMPENSAT	ION CONDUCTED
UTILIZING DATA OBTAINED FROM GUIDESTAR, REGIONAL EMPLOYER	ASSOCIATIONS AND
JOB POSTINGS. MANAGEMENT INCLUDES COMPENSATION DATA FOR	ALL STAFF,
INCLUDING THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES,	IN THE ANNUAL
BUDGET THAT IS REVIEWED AND APPROVED BY THE BOARD OF DIRE	CTORS IN ADVANCE
OF EACH FISCAL YEAR. A DETAILED MEMO OUTLINING THE ORGAN	IZATION'S VALUES
AROUND COMPENSATION, THE HIGHEST AND LOWEST PAID EMPLOYEE	AND HOW
COMPENSATION CHANGES WITHIN ANY FISCAL YEAR IS PROVIDED A	LONG WITH THE
BUDGET. THE BOARD APPROVES THE BUDGET IN ADVANCE OF EACH	FISCAL YEAR.
COMPENSATION CHANGES DURING ANY FISCAL YEAR ARE AT THE DI	SCRETION OF
MANAGEMENT, AND MUST REMAIN WITHIN THE BOARD APPROVED BUD	GET. MIDYEAR
CHANGES TO CHIEF EXECUTIVE OFFICER'S COMPENSATION, IF ANY	, MUST BE REVIEWED
AND APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AR, AL, CA, CT, FL, GA, IL, KS, KY, MA, ME, MN, MS, NC, NH, NJ, NY, OK,	OR, PA, RI, SC, TN, VA
WA,WV,WI,HI,MD,UT,VT	
FORM 990, PART VI, SECTION C, LINE 19:	

FREE PRESS WILL PROVIDE COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST AND WITHIN 10 DAYS OF ANY REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

732212 09-07-17

12410509 712177 71447

430,540.

10,500.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization FREE PRESS	Page 2 Employer identification number 41-2106721
FUNDRAISING EXPENSES	42,464.
TOTAL EXPENSES	483,504.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	3,895.
MANAGEMENT AND GENERAL EXPENSES	148.
FUNDRAISING EXPENSES	578.
TOTAL EXPENSES	4,621.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	488,125.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S CHAIR, TREASURER AND CHIEF OPERATING C	FFICER ASSUME
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIA	L STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR.	

732212 09-07-17

12410509 712177 71447

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organiza	ation FREE PRESS	· · · · ·					nployer identi 41-2106		umber		
Part I Identifica	tion of Disregarded Entities. Com	nplete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total inco	(e) me End-of-yea			(f) controlling entity	g		
Part II organizati	ons during the tax year.	inizations. Complete if the organization	answered "Yes" on Form 990	J, Part IV, line 34,	because it had one	e or more	e related tax-e	xempt			
	(a) me, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		(g) 512(b)(13) trolled ntity?		
FOFF DDFSS ACTIO	DN FUND - 04-3771598				501(c)(3))			Yes	No		
40 MAIN STREET,		PROMOTING MEDIA REFORM IN	DISTRICT OF COLUMBIA	501(C)(A)		N/A			x		

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

Schedule R (Form 990) 2017

OMB No. 1545-0047

Schedule R (Form 990) 2017 FREE PRESS

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{I or} Percentag ^{ing} ownership *?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
										+	
	1										
	-										
	-										
										+	
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				455515		Yes	No
									\square
	1								
	1								

Schedule R (Form 990) 2017 FREE PRESS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)			Σ
h Purchase of assets from related organization(s)			2
i Exchange of assets with related organization(s)			2
j Lease of facilities, equipment, or other assets to related organization(s)			2
k Lease of facilities, equipment, or other assets from related organization(s)			2
Performance of services or membership or fundraising solicitations for related organization(s)			2
m Performance of services or membership or fundraising solicitations by related organization(s)			2
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses			2
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r		Σ
s Other transfer of cash or property from related organization(s)			Σ

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREE PRESS ACTION FUND	N	665,285.	ACTUAL COSTS, TIME SHEETS
(2) FREE PRESS ACTION FUND	0	424,722.	ACTUAL COSTS, TIME SHEETS
(3) FREE PRESS ACTION FUND	Q	1,090,007.	ACTUAL COSTS, TIME SHEETS
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>	45		

Schedule R (Form 990) 2017 FREE PRESS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2017

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

732165 09-11-17