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Form		-		

### \*\* PUBLIC DISCLOSURE COPY \*\* **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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990	for instructions and the latest information.
year, or tax year beginning	and ending
organization	D Employer iden



AF	or the	2021 calendar year, or tax year beginning and	ending		
Bca	heck if pplicable:	C Name of organization		D Employer identific	ation number
	Address	FREE PRESS			
	Name	Doing business as		41-210672	1
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	P.O. BOX 60238		202-265-1	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,064,544.
	Amende	FLORENCE, MA 01002		H(a) Is this a group ret	
	Applica- tion	F Name and address of principal officer: CRAIG AARON		for subordinates?	Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527		ist. See instructions
		WWW.FREEPRESS.NET		H(c) Group exemption	
		organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2003 M	State of legal domicile: DC
Pa	the second s	Summary			
a	1 B	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O	
Governance	-				
rn.		Check this box 🕨 🔄 if the organization discontinued its operations or dispo	sed of more		
OVE					8
<u>ه</u>		lumber of independent voting members of the governing body (Part VI, line 1b)			
es		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			40
Activities &		otal number of volunteers (estimate if necessary)		6	4707
Act	1000000000				0.
_	bN	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year 6,270,716.	Current Year 2,962,133.
P		Contributions and grants (Part VIII, line 1h)		38,515.	93,970.
/en		Program service revenue (Part VIII, line 2g)		16,381.	8,441.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0,441.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Contraction of the Contraction o	6,325,612.	3,064,544.
-		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		125,000.	310,600.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45 0	Benefits paid to or for members (Part IX, column (A), line 4)		3,279,624.	3,268,349.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	86,400.
ens		Total fundraising expenses (Part IX, column (A), line 11e)	49.		00/1000
Ě	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		756,515.	896,766.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	CONTRACTOR IN THE	4,161,139.	4,562,115.
		Revenue less expenses. Subtract line 18 from line 12		2,164,473.	-1,497,571.
	13	revenue less expenses, Subtract line to norm line 12	Be	ginning of Current Year	End of Year
ance	<b>20</b> T	otal assets (Part X, line 16)		6,868,412.	5,225,748.
Asse	21 1	Total liabilities (Part X, line 26)		646,113.	501,020.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		6,222,299.	4,724,728.
	art II	Signature Block		-,,	_,,
and the second second	A CONTRACTOR OF	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of w			

Sign	Signature of officer		5/14/2077 Date
Here	KIMBERLY LONGEY, CHIEF OF	ERATING OFFICER	
Paid	Print/Type preparer's name STEVEN C. DARR, CPA, CMA	parer's signature	Date Check PTIN 05/13/22 self-employed P01324904
Preparer	Firm's name CALIBRE CPA GROUP,	PLLC	Firm's EIN 🕨 47-0900880
Use Only	Firm's address > 7501 WISCONSIN AVEN BETHESDA, MD 20814	IUE, SUITE 1200 WE:	ST Phone no.202-331-9880
May the I	RS discuss this return with the preparer shown above?	See instructions	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III SEE SCHEDULE O  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the egranization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Ccode:         (Ccode: 1, 150, 679. heduling parts of \$50,000.) (Revenues \$50,000.) (Revenues \$1,150,679. heduling parts of \$50,000.) (Revenues \$50,000.) (Revenues \$1,150,679. heduling parts of \$50,000.) (Revenues \$50,000.) (Revenues \$1,000 E AND BINTERINET FREEDOM - HIGHLIGHTED THE IMPORTANCE OF CLOSING THE DIGITAL DIVIDE AND BRINGING AFPORDABLE BROADBAND SERVICE TO 77 MILLION PROPLE LACKING SUCH SERVICE. PROMOTED AWARENESS OF THE LIFELINE PROGRAM AND EMERGENCY BROADBAND BENEFIT PROGRAM TO HELP LOWER INCOME PEOPLE AFFORD PHONE AND INTERNET ACCESS DURING THE PANDEMIC. CONDUCTED RESEARCH THAT EXPOSED BILLIONS OF DOLLARS OF WASTE IN THE RURAL DIGITAL OPPORTUNITY FUND. EDUCATED CONSUMERS ABOUT PRICING, COMPETITION, AND SERVICE PRACTICES IN THE CABLE AND WIRELESS SERVICES INDUSTRY. PROMOTED INCREASED BROADBAND ACCOUNTABILITY - PROMOTED TERMS OF SERVICE POLICITY FUND. EDUCATED ACCOUNTABILITY - PROMOTED TERMS OF SERVICE POLICITY OC URB ONLINE HATE AND DISINFORMATION WHILE PRESERVING FREEDOM OF SPEECH AND PROTECTING MACCOUNTABILITY - PROMOTED TERMS OF SERVICE POLICITY OC OURB ONLINE HATE AND DISINFORMATION WHILE PRESERVING FREEDOM OF SPEECH AND PROTECTING MACGINALIZED COMMUNTIES WHEN THEY SPEA	-	n 990 (2021) FREE PRESS rt III Statement of Program Service Accomplishments	41-2106721	Р
1       Briefly describe the organization's mission:         SEE SCHEDULE O	га			
SEE SCHEDULE 0         2       Dd the organization undertake any significant program services during the year which were not listed on the prior Form 990 of 990 E27		Check if Schedule O contains a response or note to any line in this	Part III	
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 cr 200 cr 27       □ Vres [2]         11 "Vres, 'describe these new services on Schedule 0.       □ Vres [2]         12 "Vres, 'describe these thanges on Schedule 0.       □ Vres [2]         12 "Vres, 'describe these changes on Schedule 0.       □ Vres [2]         12 "Vres, 'describe these changes on Schedule 0.       □ Vres, 'describe these changes on Schedule 0.         14 "Cost. (Vres, 'describe these changes on Schedule 0.       □ Vres, 'describe these changes on Schedule 0.         14 "Cost. (Vres, 'describe these changes on Schedule 0.       1.150, 679.         14 "Cost. (Vres, 'describe these changes on Schedule 0.       1.150, 679.         14 "Cost. (Vres, 'describe these changes on Schedule 0.       1.150, 679.         10 TINTERNET PREEDOM - HIGHLIGHTED THE IMPORTANCE OF CLOSING THE DIGITAL DIVIDE AND ENTIFICE. PROMORED AND ENERESS OF THE LIPELINE PROGRAM AND EMERGENCY BENOADBAND EXPORTED TRUES OF WASTE IN THE RURAL DIGITAL OPPORTUNITY FUND. EDUCATED CONSUMERS ABOUT PRICING. COMPETITION, AND SERVICE PROFIL         11 PROPERTIFIC CONSUMERS ABOUT PRICING. COMPETITION, AND SERVICE TO TO THE FEDERAL COMMUNEROUS STATE AND FEDERAL REGULATORY AGENCY PROCEEDINGS. Called ON THE PCC TO 1.100, CAND PROFILE REGULATE PROFILE PROFILE ON THE FEDERAL COMMUNICATIONS ACT. PROVIDED PUBLIC INTERNEST OR IENTED BROADBAND PROPOSALS IN NUMEROUS STATE AND PROFILE REGULATE REGULATORY AGENCY PROCEEDINGS. Called ON THE PROFILE ON THE FEDERAL COMMUNICATION SCHEMERTY PLATORMA COMMENOUS STATE AND FEDERAL COMMUNICATION SCA	1	Briefly describe the organization's mission:		
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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>X</u>	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
-	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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		v	
10-1	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 990	(2021)
132003	12-09-21 <b>&gt;</b>	rorm	550	2021)

 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules

Pa	art IV Checklist of Required So	hedules (continued)			
				Yes	No
22	Did the organization report more than	\$5,000 of grants or other assistance to or for domestic individuals on			
	•	omplete Schedule I, Parts I and III	22		x
23		Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	-	, key employees, and highest compensated employees? If "Yes," complete			
			23	x	
04-			23		
24a		t bond issue with an outstanding principal amount of more than \$100,000 as of the			
		ter December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
			24a	┝───┤	X
b	<b>b</b> Did the organization invest any proceed	ds of tax-exempt bonds beyond a temporary period exception?	24b		
С	c Did the organization maintain an escro	w account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		24c		
d	d Did the organization act as an "on beha	alf of" issuer for bonds outstanding at any time during the year?	24d		
25a	a Section 501(c)(3), 501(c)(4), and 501	(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person of	during the year? If "Yes," complete Schedule L, Part I	25a		X
b		ed in an excess benefit transaction with a disqualified person in a prior year, and			
		rted on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
			25b		x
26	,	t on Part X, line 5 or 22, for receivables from or payables to any current			
20	• • •	employee, creator or founder, substantial contributor, or 35%			
		• •	06		x
07		ny of these persons? If "Yes," complete Schedule L, Part II	26		
27		other assistance to any current or former officer, director, trustee, key employee,			
		utor or employee thereof, a grant selection committee member, or to a 35% controlled			
		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 busir	ness transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresho	olds, conditions, and exceptions):			
а	a A current or former officer, director, tru	stee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV		28a		X
b	<b>b</b> A family member of any individual desc	cribed in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		individuals and/or organizations described in line 28a or 28b? If			
		•	28c		x
29		\$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30		ons of art, historical treasures, or other similar assets, or qualified conservation			
00			30		x
24		edule M	31		X
31		te, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32		spose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
	,		32	┝───┤	<u> </u>
33	-	ntity disregarded as separate from the organization under Regulations			37
		If "Yes," complete Schedule R, Part I	33	$\mid$	X X
34		k-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
			34	X	
35a	<b>a</b> Did the organization have a controlled	entity within the meaning of section 512(b)(13)?	35a	$\square$	X
b	b If "Yes" to line 35a, did the organizatio	n receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13	3)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		the organization make any transfers to an exempt non-charitable related organization?		7	
		line 2	36	х	
37		n 5% of its activities through an entity that is not a related organization			
	-	federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38		le O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required t		38	x	
Pa	art V Statements Regarding (	o complete Schedule O Dther IRS Filings and Tax Compliance	00		<u> </u>
		response or pote to any line in this Dart V			
	Check in Schedule O contains a		<u></u>	V	
			9	Yes	No
	a Enter the number reported in box 3 of		0		
b			4		
с		up withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?		1c	X	l

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Form **990** (2021)

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	2021	)			
V	Ch	eck	list	of	

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g Other IRS Filings and Tax Compliance (continued)			<del></del>	
	I		Yes	No
ported on Form W-3, Transmittal of Wage and Tax Statements,	2a 40			
vith or within the year covered by this return		2b	X	
is greater than 250, you may be required to $e-file$ . See instructions.		20		
		3a		X
or this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
ar, did the organization have an interest in, or a signature or other aut				
try (such as a bank account, securities account, or other financial acc		4a		x
ign country				
ents for FinCEN Form 114, Report of Foreign Bank and Financial Acco	ounts (FBAR).			
rohibited tax shelter transaction at any time during the tax year? $\dots$		5a		X
anization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
ganization file Form 8886-T?		5c		
gross receipts that are normally greater than $100,000$ , and did the c	organization solicit			
deductible as charitable contributions?		<u>6a</u>		X
le with every solicitation an express statement that such contribution	s or gifts			
		6b		
eductible contributions under section 170(c).		7a		
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay f "Yes," did the organization notify the donor of the value of the goods or services provided?				X
		7b		
e, or otherwise dispose of tangible personal property for which it was	·	_		
		7c		X
<b>o</b> ,	7d	-		v
nds, directly or indirectly, to pay premiums on a personal benefit cont		7e 7f	-	X X
ar, pay premiums, directly or indirectly, on a personal benefit contract				
ibution of qualified intellectual property, did the organization file Form ibution of cars, boats, airplanes, or other vehicles, did the organizatio		7g 7h		
ining donor advised funds. Did a donor advised fund maintained by				
ss business holdings at any time during the year?	y the	8		
ining donor advised funds.				
		9a		
		9b		
Enter:				
1	10a			
	IOb			
Enter:				
	l1a			
(Do not net amounts due or paid to other sources against				
n.)1	l1b			
haritable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a		
empt interest received or accrued during the year	l2b	_		
rofit health insurance issuers.				
e qualified health plans in more than one state?		13a		
tional information the organization must report on Schedule O.				
rganization is required to maintain by the states in which the	1			
	I3b	-		
	13c	_		
		14a	┼──	X
report these payments? If "No," provide an explanation on Schedule (		14b	+	<u> </u>
ection 4960 tax on payment(s) of more than \$1,000,000 in remuneration the same 2				- -
g the year?		15		X
le Form 4720, Schedule N.		40		x
nstitution subject to the section 4968 excise tax on net investment in adula O	icome?	16		
edule O. Did the trust any disqualified person, or mine operator engage in an	N/			
		17		
position of all choise ian under section 4331, 4332 01 4333?		<u> </u>		
Did the trust, any disqualified person, or mine operator engage in an aposition of an excise tax under section 4951, 4952 or 4953?			17	17

16350513	712177	71447

. u	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C			and tor a	a "INO" I	espor	ise
							Γ
Sac	Check if Schedule O contains a response or note to any line in this Part VI						
000	tion A. doverning body and management					Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8	3	103	t
	If there are material differences in voting rights among members of the governing body, or if the governing				-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent	46		7	,		
b			othor		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						ľ
_	officer, director, trustee, or key employee?				2		╋
3	Did the organization delegate control over management duties customarily performed by or under th	e direct su	pervisio	n			
					3		╀
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		+
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		╀
6	Did the organization have members or stockholders?				6		∔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one	or				
	more members of the governing body?				7a		⊥
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholder	s, or				
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						1
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						Τ
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Coo	de.)				
			,			Yes	Τ
10a	Did the organization have local chapters, branches, or affiliates?				10a		Τ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						T
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	Х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5				t
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	T
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	t
c							t
U		,			12c	х	
10	on Schedule O how this was done					X	$^{+}$
13	Did the organization have a written whistleblower policy?				13	X	$^{+}$
14 15	Did the organization have a written document retention and destruction policy?				14	Λ	t
15	Did the process for determining compensation of the following persons include a review and approva	ai by indep	endent				1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	v	ł
	The organization's CEO, Executive Director, or top management official				15a	X	+
b	Other officers or key employees of the organization				15b	X	+
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a	a				ł
	taxable entity during the year?				16a		+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	cipation				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's					
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>SEE</b> SCHEDULE	0					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (s	section §	501(c)(3)	s only)	availa	ιb
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Schec	lule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, an	d 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 bo	oks and ree	cords				
	THE ORGANIZATION - 202-265-1490						_
	P.O. BOX 60238, FLORENCE, MA 01062						
3200	6 12-09-21				Form	9 <b>90</b>	1
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	-	CC				71	
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Form 990 (2021)	FREE PRESS	41-2106721	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key	Employees, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Scl	hedule O contains a response or note to any line in this F	art VII	
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Com	pensated Employees	
1a Complete this table	for all persons required to be listed. Report compensation	n for the calendar year ending with or within the organization's t	ax 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	dad	a director/trustee)		tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trust		66	npens		1099-NEC)	1099-NEC)	and related
	below	dual ti	ıtiona	~	nploy	st cor	-	1000 NEO		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MATTHEW WOOD	32.00									
VP OF POLICY AND GENERAL C	8.00					x		114,041.	28,510.	25,549.
(2) CRAIG AARON	34.00									
PRESIDENT, CO-CEO	6.00	Х		Х				120,892.	21,334.	25,549.
(3) JESSICA GONZALEZ	30.00									
CO-CEO	10.00			Х				109,444.	36,481.	18,792.
(4) KIMBERLY LONGEY	32.00									
COO, ASST TREASURER/SECRET	8.00			Х				118,579.	29,645.	15,665.
(5) MISTY PEREZ TRUEDSON	36.00									
CHIEF OF STAFF	4.00					X		120,099.	13,344.	25,124.
(6) S. DEREK TURNER	38.00									
RESEARCH DIRECTOR	2.00					x		105,034.	5,528.	14,217.
(7) COLLETTE BLAKENY WATSON	40.00									
VP OF CULTURAL STRATEGIES	0.00					x		116,515.	0.	6,109.
(8) JOSEPH TORRES	36.00									
SENIOR DIRECTOR OF STRATEG	4.00					x		97,935.	10,882.	13,756.
(9) VICTOR PICKARD	1.00								•	•
DIRECTOR, CHAIR	1.00	Х		X				0.	0.	0.
(10) BRYAN MERCER	1.00								•	•
DIRECTOR, TREASURER	1.00	Х		X				0.	0.	0.
(11) OLGA DAVIDSON	1.00								•	•
DIRECTOR, SECRETARY	1.00	X		X				0.	0.	0.
(12) D. BENJAMIN SCOTT	1.00								•	•
DIRECTOR	1.00	Х						0.	0.	0.
(13) ASHLEY ALLISON	1.00								•	•
DIRECTOR	1.00	Х						0.	0.	0.
(14) JOAN DONOVAN	1.00								0	0
DIRECTOR	1.00	Х						0.	0.	0.
(15) MARTHA FUENTES-BAUTISTA	1.00	77							0	0
DIRECTOR	1.00	Х			-			0.	0.	0.
	1	I	L		L	I		1		= 000 (222 ()

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	990 (2021) FREE PRES	SS								41-2	1067	721	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week			Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o other	of
	(list any hours for related organization below line)					Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MK 1099-NEC)	SC/	fro orga anc	pensat om the anizati I relate nizatio	e on ed
	Subtotal						<u> </u>		902,539.	145,7		144	1,76	
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)		<u></u>	<u></u>		<u></u>			0. 902,539.	145,7		144	1,76	0. 51.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	o ac	ove	e) wn	o re	eceived more than \$100,	UUU of reportable	e		Yes	7 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-		•	•	-		Ŭ			[	3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> <b>tion B. Independent Contractors</b>	-				-			-			5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensat	ion fro	m	
	(A) Name and business				. <u>g</u>				(B) Description of s		C	(C omper		1
FRESH EYES DIGITAL         2821 N SPAULDING AVENUE, CHICAGO, IL 60618         MARKETING CONSULTANT										172	2,80	)0.		
2	Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				1	<u> </u>					Form <b>(</b>	<b>990</b> (2	2021)

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		(2021) FREE PRESS				41-2106	721 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
S, G	c	Fundraising events					
àifts ar /	c	B Related organizations 1d					
s, C imil	e	e Government grants (contributions)					
tion sr Si	f	All other contributions, gifts, grants, and					
ibu Othe			962,133.				
onti od (	ç		122,106.				
<u>a</u> C	ł	Total. Add lines 1a-1f	Business Code	2,962,133.			
	0.0	FEE FOR SERVICE	900099	88,045.	88,045.		
/ice	2 8		900099	5,925.	5,925.		
Serv				5,525.	5,525.		
Program Service Revenue							
Be	e						
Pro	f						
	ç			93,970.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		8,441.			8,441.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 6						
		b Less: rental expenses 6b					
	0						
		Net rental income or (loss)     Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>	(.,				
	t	• Less: cost or other basis					
е		and sales expenses <b>7</b> b					
venue	c	Gain or (loss) 7c					
		I Net gain or (loss)	►				
Other Re	8 a	Gross income from fundraising events (not     including \$ of					
-		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events	<b>&gt;</b>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19					
		b     Less: direct expenses     9b					
		Net income or (loss) from gaming activities     Gross sales of inventory, less returns	▶				
	10 8	and allowances					
	ŀ	D Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	ı					
ane	t						
Seve	c		 				
Miscellaneous Revenue	C	All other revenue	L				
_	e	• Total. Add lines 11a-11d			0.2 070		0 4 4 1
	12	Total revenue. See instructions	<b>&gt;</b>	3,064,544.	93,970.	0.	8,441. Form <b>990</b> (2021)
13200	9 12-0	J-21					FUTH 330 (2021

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
D	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	310,600.	310,600.		
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,		001 007		100 050
	trustees, and key employees	397,257.	231,607.	57,597.	108,053.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 051 400	0.016.000		184 505
7	Other salaries and wages	2,251,403.	2,016,337.	60,561.	174,505.
8	Pension plan accruals and contributions (include	100 000	0.0		- 4
_	section 401(k) and 403(b) employer contributions)	100,606.	90,633.	2,495.	/,478.
9	Other employee benefits	337,233.	296,315.	12,179.	7,478. 28,739. 18,811.
10	Payroll taxes	181,850.	155,270.	7,769.	18,811.
11	Fees for services (nonemployees):				
	Management	10 071	11 0/1	(0)	200
b	Legal	12,871.	<u>    11,941.</u> 9,467.	602.	328.
	Accounting	26,891.	9,40/.	16,271.	1,153.
	Lobbying	96 400			06 400
	Professional fundraising services. See Part IV, line 17	86,400.			86,400.
f	<b>G</b>				
g		272 700	20F 172	6 250	27 022
	column (A), amount, list line 11g expenses on Sch 0.)	273,709.	<u>295,173.</u> 57,358.	6,358.	-27,822. 2,405.
12	Advertising and promotion	60,391. 33,239.	11,069.	1,338.	
13	Office expenses	287,950.	240,594.	11,681.	<u>20,832</u> . 35,675.
14	Information technology	207,950.	240,594.		35,075.
15	Royalties	138,431.	118,094.	5,947.	14,390.
16	Occupancy	14,318.	12,842.	486.	990.
17	Travel	14,510.	12,042.	400.	990.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	15,995.	15,995.		
19 00	Conferences, conventions, and meetings	13,995.	13,995.		
20	Interest				
21	Payments to affiliates	5,126.	4,432.	498.	196.
22	Depreciation, depletion, and amortization	9,494.	2,950.	6,178.	366.
23	Insurance Other expenses. Itemize expenses not covered	5,494.	2,950.	0,170.	500.
24	above. (List miscellaneous expenses not covered ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS AND DUES	10,727.	9,233.	436.	1,058.
b	TRAINING AND DEV	7,624.	5,349.	1,683.	592.
c b		.,			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,562,115.	3,895,259.	192,707.	474,149.
26	<b>Joint costs.</b> 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)				

Form 990 (2021)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Part IX Statement of Functional Expenses

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### 41-2106721 Page 11

		Check if Schedule O contains a response or not	e to any line in t	his Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			526,223.	1	44,020.
	2	Savings and temporary cash investments	5,170,283.	2	3,832,833.		
	3	Pledges and grants receivable, net			925,000.	3	700,000.
	4	Accounts receivable, net		152,926.	4	565,163.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			68,266.	9	63,144.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,631.			
	b	Less: accumulated depreciation	10b	<u>25,631.</u> 17,924.	12,833.	10c	7,707.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			12,881.	15	12,881.
	16	Total assets. Add lines 1 through 15 (must equa			6,868,412.	16	5,225,748.
	17	Accounts payable and accrued expenses	521,113.	17	376,020.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ъ	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines					
		of Schedule D	125,000.	25	125,000.		
	26				646,113.	26	501,020.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🛽	X			
sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			4,003,324.	27	3,271,728.
Bal	28	Net assets with donor restrictions			2,218,975.	28	1,453,000.
pu		Organizations that do not follow FASB ASC 9					
Ŀ		and complete lines 29 through 33.					
کر م	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,222,299.	32	4,724,728.
-	33	Total liabilities and net assets/fund balances			6,868,412.	33	5,225,748.

Form 990 (2021)

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Form 990 (2021)
Part X Balance Sheet

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Form	990 (2021) FREE PRESS	41-21	06721	Pag	<sub>ge</sub> 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	3,064		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,562		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,497		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,222	2,29	<u>99.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,724	.,72	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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 on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000	L

Form **990** (2021)

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Department of the Treasury

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2021
Open to Public Inspection

Internal nevene		► Go to www.irs.go	/Form990 for instruction	ons and th	ie latest ir	nformation.	-	Inspection		
Name of th	ne organization FR도도	PRESS						identification numbe $1-2106721$		
Part I	Reason for Public (		(All organizations must c	omplete ti	nis part.) S	ee instructior	IS.	1 2100/21		
	zation is not a private found									
	A church, convention of ch					I)(A)(i).				
	A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990).)									
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:									
	An organization that norma	• • • •					-	•		
	activities related to its exen		•	• •			• •	•		
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
	See section 509(a)(2). (Co									
	An organization organized a	-	•	•						
	An organization organized a	-	•	-			•			
	more publicly supported or lines 12a through 12d that	-								
a 🗌	<b>Type I.</b> A supporting orga	• •					-	aivina		
u	the supported organization	-	-	• • • •	-					
	organization. You must o			indjointy c				pporting		
b 🗌	Type II. A supporting org	-		ion with it	s supporte	d organizatio	n(s). bv hav	vina		
	control or management o	-				-		-		
	organization(s). You mus			•						
c 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
	its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppo	ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness		
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е 🔄	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
	functionally integrated, or		nally integrated supporting	ng organiz	ation.			<b></b>		
	the number of supported of	0								
	de the following information Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other		
(-)	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions		
	-		above (see instructions))	163						
Total										

#### Schedule A (Form 990) 2021

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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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5651707.	1995817.	4610385.	6270716.	2962133.	21490758.		
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	5651707.	1995817.	4610385.	6270716.	2962133.	21490758.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						11962570.		
6	Public support. Subtract line 5 from line 4.						9528188.		
	tion B. Total Support						1 9 9 2 9 2 9 0 1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	5651707.	1995817.	4610385.	6270716.	2962133.	21490758.		
8	Gross income from interest,	50517070	19950170	10105050	02/0/100	23021331			
0	dividends, payments received on								
	securities loans, rents, royalties,	20,640.	25,158.	31,889.	16,381.	8,441.	102,509.		
•	and income from similar sources	20,040.	23,130.	51,009.	10,301.	0,441.	102,309.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						21502267		
	Total support. Add lines 7 through 10						21593267.		
	Gross receipts from related activities,	-				12	151,314.		
13	First 5 years. If the Form 990 is for the						. —		
	organization, check this box and stor								
	ction C. Computation of Publi		-				44 12		
	Public support percentage for 2021 (I		•	())		14	44.13 %		
	Public support percentage from 2020					15	38.72 %		
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organization	ition			▶∟		
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	t <b>op here.</b> Explain ii	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a l	box on line 13, <u>16</u> a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>		
						Sebedule A	(Earm 990) 2021		

Schedule A (Form 990) 2021

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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.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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.)						
Sec	ction B. Total Support		-				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			•		
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	1 0		<b>_</b>			17	%
18	Investment income percentage from 2						%
19a	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box an	-					
b	<b>33 1/3% support tests - 2020.</b> If the						
20	line 18 is not more than 33 1/3%, check			•		•	
-	Private foundation. If the organization	n ulu not check a		a, of 190, check t	THIS DUX AND SEE INS		lule A (Form 990) 2021
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Part IV	Supporting Org	anizations /	ontinue
Schedule A (I	Form 990) 2021	FREE	PRES

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	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)

S

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section 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 year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b		The organization	is the parent of	f each of its support	ed organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	-------------------	------------------------

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No
Yes No
Yes
No

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Part V Type III Non-Fun	clionally integrated bus(a)(b) Supporting	ng Organi	zations	
1 Check here if the organ	ization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i> l	Part VI). See instruction
All other Type III non-fu	nctionally integrated supporting organizations mus	st complete S	Sections A through E.	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distri	butions	2		
3 Other gross income (see instr	uctions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses	s paid or incurred for production or			
collection of gross income or	for management, conservation, or			
-	for production of income (see instructions)	6		
7 Other expenses (see instructi		7		
	act lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amou			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value o	f all non-exempt-use assets (see			
instructions for short tax year	or assets held for part of year):			
a Average monthly value of sec	urities	1a		
<b>b</b> Average monthly cash balance	es	1b		
c Fair market value of other nor	n-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1	c)	1d		
e Discount claimed for blockage	ge or other factors			
(explain in detail in Part VI):				
	licable to non-exempt-use assets	2		
<b>3</b> Subtract line 2 from line 1d.		3		
	t use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
	assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
<ul> <li>7 Recoveries of prior-year distri</li> </ul>	butions	7		
8 Minimum Asset Amount (ad		8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior	year (from Section A, line 8, column A)	1		
<b>2</b> Enter 0.85 of line 1.		2		
	ior 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 y		5		
· · · · · · · · · · · · · · · · · · ·	ract line 5 from line 4, unless subject to			
emergency temporary reduct		6		
	nt year is the organization's first as a non-functiona	-	Type III supporting orga	nization (see

Schedule A (Form 990) 2021 FREE PRESS

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instructions).

Schedule A (Form 990) 2021

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ctionally In	tegrated	509(a)

Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	)
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s :	3	
4	Amounts paid to acquire exempt-use assets	4	1	
5	Qualified set-aside amounts (prior IRS approval required - pro	Ę	5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.	-	8	3
9	Distributable amount for 2021 from Section C, line 6		Ş	9
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sectio	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	FREE	PRESS	41-2106721	Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 anc	Provide the explanations required by Part II, line 10; Part II, line 17a or 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 13; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V t V, Section E, lines 2, 5, and 6. Also complete this part for any additior	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	(See instructions.)	o, and Par	t v, Section E, lines 2, 5, and 6. Also complete this part for any addition	la momation.	
132028 01-04-2	2			Schedule A (Form 9	90) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

41-2106721

	PRESS	
LUCU	LUEDD	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization		Employer identification number
FREE 1	PRESS		41-2106721
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$100,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$135,00	Person       X         Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$77,75	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4_		\$375,00	) 0 . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$126,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
<u>6</u> 123452 11-11		\$81,25	Derson       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)         Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page
Name of o	rganization		Employer identification number
FREE 1	PRESS		41-2106721
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
7		\$300,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
8		\$100,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
9		\$265,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) DNS Type of contribution
		\$350,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$150,0	D00.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
12		\$250,0	Person X Payroll

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Emple	oyer identification number
FREE	PRESS	41	1-2106721
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$95,898.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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	B (Form 990) (2021)			Page
Name of o	organization		Emplo	yer identification number
FREE	PRESS		41	-2106721
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
10	STOCK			
		\$95,8	98.	_12/22/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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Schedule B (Form 990) (2021)

Name of o	rganization			Employer identification number			
FREE 1	PRESS			41-2106721			
Part III		tions to organizations described in se	ction 501(c)(7), (8), or (10) t				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. on	nce.) ► \$			
(a) No.	Use duplicate copies of Part III if additiona						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift	1				
	Transferee's name, address, a	and $\mathbf{7IP} \pm 4$	Belationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift	:				
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
ľ							
		· [					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doo	cription of how gift is held			
Part I	(b) Fulpose of gift						
-							
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
		[					
		· [					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
ŀ		e) Transfer of gift	l				
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
123454 11-11	I-21			Schedule B (Form 990) (2021			

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Department of the Treasury	Complete	if the organization is described I	pelow. 🕨 Attach to I	Form 990 or Form 990-EZ	. Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			test information.	Inspection	
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or Fori	n 990-EZ, Part V, line	46 (Political Campaign A	ctivities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	than section 50	01(c)(3)) organizations: Complete Pa	arts I-A and C below. D	o not complete Part I-B.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.			
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, line	e 47 (Lobbying Activities),	then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that I	have filed Form 5768 (election und	er section 501(h)): Con	nplete Part II-A. Do not con	nplete Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that I	have NOT filed Form 5768 (electior	under section 501(h))	: Complete Part II-B. Do no	t complete Part II-A.
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 5 (Proxy `	Tax) (See separate in	structions) or Form 990-E	Z, Part V, line 35c (Proxy
Tax) (See separate inst	ructions), then				
	, or (6) organizat	tions: Complete Part III.			
Name of organization				Emplo	oyer identification number
	FREE PR				41-2106721
Part I-A Comple	ete if the org	janization is exempt under	section 501(c) or	r is a section 527 org	janization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
2 Political campaign a	activity expendit	ures		▶\$	
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	janization is exempt under	section 501(c)(3)		
1 Enter the amount of	f any excise tax	incurred by the organization under	section 4955	▶\$	
2 Enter the amount of	f any excise tax	incurred by organization managers			
3 If the organization in	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction m	ade?				🗌 Yes 🗌 No
<b>b</b> If "Yes," describe in					
Part I-C Comple	ete if the org	janization is exempt under	section 501(c), e	xcept section 501(c)	(3).
1 Enter the amount d	irectly expended	d by the filing organization for section	on 527 exempt functio	n activities > \$	
2 Enter the amount of	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
exempt function ac	tivities			▶\$	
		. Add lines 1 and 2. Enter here and			
line 17b				►\$	
		1120-POL for this year?			
5 Enter the names, ac	ddresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to which	the filing organization
made payments. Fo	or each organiza	tion listed, enter the amount paid f	rom the filing organizat	tion's funds. Also enter the	amount of political
contributions receiv	ed that were pro	omptly and directly delivered to a s	eparate political organ	ization, such as a separate	e segregated fund or a
political action com		additional space is needed, provide	e information in Part IV	·	
<b>(a)</b> Name	2	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
					If none, enter -0

**Political Campaign and Lobbying Activities** 

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

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021

132041 11-03-21

SCHEDULE C

(Form 990)

Schedule C (Form 990) 2021	FREE PRESS			41-2	106721 Page 2
Part II-A Complete if the orga	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
	-	• • •	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying ex ion checked box A and	• •	visions apply		
		•		(a) Filing	(b) Affiliated group
	s on Lobbying Expen			organization's	totals
(The term *expend	itures" means amour	its paid or incurred.)		totals	
1a Total lobbying expenditures to influ	ence public opinion (gi	rassroots lobbying)		25,000.	
<b>b</b> Total lobbying expenditures to influ	ence a legislative body	(direct lobbying)		75,000.	
c Total lobbying expenditures (add lin	es 1a and 1b)			100,000.	
d Other exempt purpose expenditure				3,987,966.	
e Total exempt purpose expenditures				4,087,966.	
f Lobbying nontaxable amount. Ente				354,398.	
If the amount on line 1e, column (a) or		ying nontaxable amo	ount is:		
Not over \$500,000 Over \$500,000 but not over \$1,000		<u>ne amount on line 1e.</u> ) plus 15% of the exce	xxx over \$500.000		
Over \$1,000,000 but not over \$1,50	· · · · · · · · · · · · · · · · · · ·	•	<i>(</i>		
	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	\$1,000,0				
	· · / /				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			88,600.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero			•••••••••••••••••••••••••••••••••••••••	0.	
j If there is an amount other than zer		ne 1i, did the organiza	tion file Form 4720	г	
reporting section 4911 tax for this y					Yes No
(Some organizations th		aging Period Under (		f the five columns be	low
		te instructions for lin		The five columns be	10w.
		ditures During 4-Yea			
O al an dan wa an					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
(					
	240 600	254 201	224 005	254 200	1 204 212
2a Lobbying nontaxable amount	340,629.	354,291.	334,895.	354,398.	1,384,213.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					2,076,320.
					2,070,520.
c Total lobbying expenditures	300,000.	150,000.	125,000.	100,000.	675,000.
d Grassroots nontaxable amount	85,157.	88,573.	83,724.	88,600.	346,054.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					519,081.
		20 500	21 050		
f Grassroots lobbying expenditures	75,000.	37,500.	31,250.	25,000.	168,750.
				Schedu	ile C (Form 990) 2021

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	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?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	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?		-	-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			1°		
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."		• •		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	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. <b>2</b> a			
b	Carryover from last year		<b>2</b> b			
с	Total		. <b>2</b> c			
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 exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
Provi	de 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	nd 2 (See		

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

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service Name of the organization

Part I

1

2

3

4 5

6

### **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.

ber

e of the organization		Employer identification number
FREE PRESS		41-2106721
t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Ac	counts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6	i.	
	(a) Donor advised funds (	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advised func	st
are the organization's property, subject to the organization's exc	clusive legal control?	
Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be used o	nly
for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose conferri	ing
impermissible private benefit?		Yes No

		nissible private benefit?	
Pa	rt II	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpo	se(s) of conservation easements held by the organization (check all that apply).	

Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements	2a				

а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
с	Number of conservation easements on a certified historic structure included in (a)	2c				
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the tax				
	year ►					
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?	Yes	No No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation		ar			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ear	sements during the year				
	▶\$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	)(i)				
	and section 170(h)(4)(B)(ii)?	Yes	No No			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	nent and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the				
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,				
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1	► ¢				

	(I) Revenue included on Form 990, Part VIII, line I		Ф.	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
132051	10-28-21

Sche	dule D (Form 990) 2021 FREE PR							41-21			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Histoı	rical Tre	asures, or	Othe	r Similaı	<sup>-</sup> Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	iny of the f	ollowing that	make s	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	<b>1</b> 🔄 Lo	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 0	ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	y further th	le organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:							
									Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										1
	Did the organization include an amount on F						ity?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										<u>]</u>
		(a) Current year		or year	(c) Two year		(d) Three y	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) ourrone your	(2) * *	or your	(0) 1110 your	o buok	(4) 11100 )	ouro suon	(0) 1 0 0	youro	Suon
ia h	Contributions										
с С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a.	column (a)	) held as:						
a	Board designated or quasi-endowment		%		,						
	Permanent endowment										
	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that a	are held ar	nd administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, ∣	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k value	÷
1a	Land										
b	Buildings							0.			
с	Leasehold improvements										
d	Equipment			2	<u>5,631.</u>		17,92	24.		7,70	J7.
-	Other										
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column</u>	( <u>B), line 1</u>	0c.)	<u></u>				7,70	)7.
								~ · · ·	D (C	000	0004

Schedule D (Form 990) 2021

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	(Form 990) 2021 FREE PRESS		41	-2106721 Page <b>3</b>
Part VII				
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 000 Part IV line -	11c Soc Form 990 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(4)	(a) Description of investment		(c) Method of Valdation. Cost of en	u-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
	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 <sup>-</sup>	11d. See Form 990, Part X, line 15.	
		) Description		(b) Book value
(1)	-	· .		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	····· •	
Part X	Other Liabilities.		· · · · ·	
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability			(b) Book value
(1) Fed	eral income taxes			
(2) AD	VANCE FROM RELATED ORGA	NIZATION		125,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>mn (b) must equal Form 990, Part X, col. (B) lir</u>	ne 25.)		125,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 FREE PRESS		41-2	2106721 <sub>Pa</sub>	ge <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	3,064,54	4.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	3,064,54	4.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,064,54	4.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,562,11	.5.
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	4,562,11	.5.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,562,11	.5.
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, 2021 AND 2020, 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, 2021, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2018 THROUGH
132054 10-28-21 Schedule D (Form 990) 2021 34
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 Schedule D (Form 990) 2021
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 Part XIII
 Supplemental Information (continued)

2020 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE STATE OF

MASSACHUSETTS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST

AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN UNRELATED

BUSINESS INCOME TAX EXPENSE.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		<b>H</b> aa						lentification number
Part I Fundrais					E 000 D 1 1/ /		41-210	
required to	complete this part	Complete if the organization answe	ered "Y	es" or	1 Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 1000</li> </ul>	tions I email solicitations itations blicitations on have a written c ted in Form 990, P	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	XY	
(i) Name and addres	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	) (vi) Amount paid to (or retained by) organization
FRESH EYES DIGITAL	- 2821 N.		Yes	No				
SPAULDING AVENUE,	CHICAGO, IL	FUNDRAISING COUNSEL		x	0.		86,400	-86,400.
Total				►			86,400	
3 List all states in wh or licensing	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from I	registration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

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			oss income on Form 99 (a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				(averat true a)		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
۳	-					
	2	Less: Contributions				
	•					
+	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	_					
per	6	Rent/facility costs				
Ш Н	7	Food and beverages				
Dire	•					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	1				
	11	<b>II</b> Gaming. Complete if the organization a				
Pai	11		answered "Yes" on For		eported more than	(d) Total gaming (add
Pai	11	<b>II</b> Gaming. Complete if the organization a		m 990, Part IV, line 19, or r		
Pai	11	<b>II</b> Gaming. Complete if the organization a	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
	11	<b>II</b> Gaming. Complete if the organization a	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Pai	11 t I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Pal	11 t I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Pai	11 t I	Gross revenueCash prizes	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
Pa	<u>11</u> 1	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
ect Expenses Revenue Ba	<u>11</u> 1	Gross revenueCash prizes	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c)
Pa	11 tl 2 3 4	II       Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	
ect Expenses Revenue Ba	11 tl 2 3	II       Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
ect Expenses Revenue e	11 1 2 3 4 5	Gaming. Complete if the organization a     \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	
ect Expenses Revenue e	11 1 2 3 4 5	II       Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on For	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
ect Expenses Revenue Ba	11 1 2 3 4 5	Gaming. Complete if the organization a     \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
ect Expenses Revenue	11 1 2 3 4 5 6	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
ect Expenses Revenue Ba	11 1 2 3 4 5 6	Gaming. Complete if the organization a     \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.      Gross revenue     Cash prizes     Noncash prizes     Noncash prizes     Other direct expenses     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 through     Net gaming income summary. Subtract line 7	(a) Bingo (a) Bingo (b) Bingo (c) Bi	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Direct Expenses Revenue B	11 1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo (a) Bingo (b) Bingo (c) Bi	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than  (c) Other gaming  Yes% No	col. (a) through col. (c)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: \_

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 FREE PRESS 4	1-21	.06	721	Page 3
	Does the organization conduct gaming activities with nonmembers?	[		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amoun	nt			
	of gaming revenue retained by the third party $\blacktriangleright$ \$				
С	: If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	1	<u> </u>	.,	<b>.</b> .
	retain the state gaming license?			Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
Da	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar				h 10h
1 4		id Part i	III, IIN	es 9, s	, IUD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
٩C	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	FPC.			
<u>bc</u>	HEDOLE C, TAKI I, HINE 2D, HIDI OF THE HIGHEDT THID FORDARID	<u>- UND -</u>			
(I	) NAME OF FUNDRAISER: FRESH EYES DIGITAL				
<u>\</u>					
(I	) ADDRESS OF FUNDRAISER: 2821 N. SPAULDING AVENUE, CHICAGO,	ΤL	60	518	
<u>`</u>	,,, _,, _				
_					
1320	83 10-21-21 S	chedul	e G (I	Form	990) 2021

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Schedule G (Form 990)	FREE	PRESS
Part IV Supplemental	Information	(continued)

T art IV	Supplemental information (continued)	
		Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service									
Name of the organization FREE PRESS									
Part I General Information on Grants a							41-2106721		
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance to</li> </ol>	stance?	oring the use of grant	funds in the United	l States.			X Yes No		
recipient that received more than	•				anization answered f	es on Form 990, Fan	iv, line 21, lor any		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
FREE PRESS ACTION FUND P.O. BOX 60238 FLORENCE, MA 01062	04-3771598	501(C)(4)	100,000.	0.			PROGRAMMATIC SUPPORT		
PROJECT CENSORED P.O. BOX 1177 FAIR OAKS, CA 95628			200,000.	0.			PROGRAMMATIC SUPPORT		
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>		, 	l e line 1 table			I	<b>&gt;</b> 2.		

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

#### Schedule I (Form 990) 2021 FREE PRESS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				l	<u>l</u>

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

#### GRANTEES ARE REQUIRED TO PROVIDE PERIODIC FINANCIAL AND NARRATIVE REPORTS

DOCUMENTING AMOUNTS EXPENDED AND ACCOMPLISHMENTS. GRANTEE REPORTS ARE

REVIEWED BY MANAGEMENT.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		1
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			nber
		FREE PRESS	41-2	210672	1	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
	_	ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
-						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
•				1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimetion used to establish the companyation of the experimetion's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec				
		ation of the CEO/Executive Director, but explain in Part III.	JIT LO			
	Compensation					
		compensation consultant $X$ Compensation survey or study				
	X Form 990 of o		ommittoo			
			Uninnitiee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
c						x
•	c Participate in or receive payment from an equity-based compensation arrangement?					
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on li	nes 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 th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	2021

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#### 41-2106721

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC an compensation			C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW WOOD	(i)	114,041.	0.	0.	5,940.	14,499.	134,480.	0.
VP OF POLICY AND GENERAL C	(ii)		0.	0.	1,485.	3,625.	33,620.	0.
(2) CRAIG AARON	(i)	120,892.	0.	0.	6,311.	15,405.	142,608.	0.
PRESIDENT, CO-CEO	(ii)	21,334.	0.	0.	1,114.	2,719.	25,167.	0.
(3) JESSICA GONZALEZ	(i)	109,444.	0.	0.	5,569.	8,525.	123,538.	0.
CO-CEO	(ii)	36,481.	0.	0.	1,856.	2,842.	41,179.	0.
(4) KIMBERLY LONGEY	(i)	118,579.	0.	0.	5,940.	6,592.	131,111.	0.
COO, ASST TREASURER/SECRET	(ii)	29,645.	0.	0.	1,485.	1,648.	32,778.	0.
(5) MISTY PEREZ TRUEDSON	(i)	120,099.	0.	0.	6,300.	16,312.	142,711.	0.
CHIEF OF STAFF	(ii)	13,344.	0.	0.	700.	1,812.	15,856.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							ļ
	(i)							ļ
	(ii)							

Schedule J (Form 990) 2021

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) 2021

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021 **Open to Public** Inspection

Name of the	organization

Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
	Employer	r identification number
FREE PRESS	4	1-2106721

FREE PRESS

Par	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determ noncash contribution	•	s
1	Art - Works of art					,	
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	3	122,106.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828		•				
	5	, ,	0	······ <u> </u>		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					a	x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicv that re	quires the review of	of any nonstandard contribut	ions? 31		х
	Does the organization hire or use third parties of	•	-	-			
	contributions?		-	, p, c		3	x
		1			lund l		
33	If the organization didn't report an amount in co	numn (C) for	a type of property	r for which column (a) is chec	kea,		
	describe in Part II.				Sahadula M (Fa	00001	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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# Schedule M (Form 990) 2021 FREE PRESS

SCHEDULE M, PART I, COLUMN (B):

## COLUMN B REPRESENTS THE NUMBER OF DONATIONS

Schedule M (Form 990) 2021

\_\_\_\_

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41-2106721

SCHEDULE O (Form 990)

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

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

FREE PRESS

41-2106721 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NONPARTISAN ORGANIZATION WORKING TO REFORM FREE PRESS IS A NATIONAL, 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 SHAPE OUR MEDIA. WE BELIEVE THAT POSITIVE SOCIAL CHANGE, THAT RACIAL JUSTICE AND MEANINGFUL ENGAGEMENT IN PUBLIC LIFE REQUIRE EQUITABLE ACCESS TO TECHNOLOGY, DIVERSE AND INDEPENDENT OWNERSHIP OF MEDIA AND JOURNALISM THAT HOLDS LEADERS ACCOUNTABLE AND TELLS PLATFORMS, 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 CHALLENGING OLD AND NEW MEDIA GATEKEEPERS TO SERVE THE PUBLIC MEDIA. INTEREST ENDING UNWARRANTED SURVEILLANCE, DEFENDING PRESS FREEDOM AND REIMAGINING LOCAL JOURNALISM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENSURE THAT COMMUNICATIONS INFRASTRUCTURES EVERYWHERE CAN WITHSTAND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Name of the organization

CLIMATE DISASTERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SHARING THE MATERIALS USED TO TRAIN MODERATORS OF SPANISH-LANGUAGE CONTENT. WORKED WITH 45 GROUPS TO CRAFT RULES THAT WOULD SAFEGUARD PRIVACY, PROMOTE CIVIL RIGHTS AND SET GUARDRAILS AGAINST THE ABUSE OF DATA ONLINE. WORKED IN COALITION TO DELIVER 140,000 PETITION SIGNATURES TO FACEBOOK TO URGE THE CLOSURE OF LOOPHOLES THAT ALLOWED BANNED USERS TO ADVERTISE ON THE PLATFORM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EQUITABLE REPORTING. SUPPORTED WORKSHOPS, TRAININGS AND ONLINE EVENTS

FOCUSED ON HOW TO HOLD NEWSROOMS ACCOUNTABLE AND IMPROVE ACCESS TO

TRUSTWORTHY NEWS AND INFORMATION. PROMOTED POLICIES THAT WILL BOOST

MEDIA OWNERSHIP AMONG WOMEN AND PEOPLE OF COLOR AND CREATE

OPPORTUNITIES FOR LOCAL MEDIA OWNERS WHO ARE COMMITTED TO ACTUALLY

SERVING THEIR COMMUNITIES. ENCOURAGED PUBLIC PARTICIPATION IN EFFORTS

TO PROTECT THE FIRST AMENDMENT AND TO SUPPORT ALL ACTS OF JOURNALISM.

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

FREE PRESS WORKS TO PRESERVE RIGHTS TO FREE EXPRESSION, COMMUNICATION

AND PRIVACY ONLINE AND IN PERSON. AREAS OF FOCUS INCLUDE INTERNET

FREEDOM, PRESS FREEDOM/FUTURE OF JOURNALISM AND CORPORATE/PLATFORM

ACCOUNTABILITY. IN 2021 FREE PRESS CONDUCTED RESEARCH, EDUCATION, AND

ALSO ORGANIZED AND MOBILIZED TO ADVOCATE FOR BETTER MEDIA, OPEN

TECHNOLOGY AND A HEALTHIER DEMOCRACY. PROVIDED REGULAR INFORMATION VIA

EMAIL, WEBSITE, PODCASTS AND WEBINARS TO 1.4 MILLION CONSTITUENTS

HAILING FROM ALL 50 STATES, THE DISTRICT OF COLUMBIA AND PUERTO RICO.
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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization FREE PRESS	Employer identification number $41 - 2106721$
ATTRACTED 478,000 OVERALL WEBSITE VISITS AND VIRTUAL EVENT	S ATTRACTED
HUNDREDS OF PARTICIPANTS. INTERACTED WITH 132,000 SOCIAL M	EDIA
FOLLOWERS AND EARNED 3,200 PRESS HITS. CREATED AND DISSEMI	NATED
RESOURCE MATERIALS INCLUDING RESEARCH REPORTS, ISSUE BRIEF	S ,
FACTSHEETS, AND BROCHURES. PROVIDED TRAINING AND SUPPORT T	O DOZENS OF
LOCAL AND REGIONAL MEDIA REFORM GROUPS AND TO THOUSANDS OF	LOCAL MEDIA
ACTIVISTS. FILED PUBLIC COMMENTS, AND PARTICIPATED IN SEVE	RAL FEDERAL
COMMUNICATIONS COMMISSION PROCEEDINGS AND SEVERAL FEDERAL	COURT
PROCEEDINGS. WORKED WITH DOZENS OF ORGANIZATIONS TO PLAN A	ND IMPLEMENT
HIGH PROFILE EDUCATIONAL EVENTS. SECURED FINANCIAL SUPPORT	FROM 1,292
DONORS.	

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
132212 11-11-21 Schedule O (Form 990) 2021 49

2021.03041 FREE PRESS

Name of the organization

FREE PRESS

Employer identification number 41 - 2106721

#### 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 SALARY COMPARABILITY DATA, INCLUDING COMPENSATION INFORMATION RECEIVED FROM PEER ORGANIZATIONS, COMPENSATION DATA FROM THE FEDERAL GOVERNMENT PAY SCALES, AND RESEARCH ON NON PROFIT COMPENSATION GATHERED FROM GUIDESTAR, REGIONAL EMPLOYER COMPENSATION SURVEYS, AND JOB POSTINGS. MANAGEMENT INCLUDES STAFF COMPENSATION INFORMATION, INCLUDING THE CEOS AND KEY EMPLOYEES, IN THE ANNUAL BUDGET THAT IS REVIEWED AND APPROVED BY THE GOVERNING BODY IN ADVANCE OF EACH FISCAL YEAR. A MEMO OUTLINED THE ORGANIZATION'S COMPENSATION POLICY AND VALUES, HIGHEST AND LOWEST PAID EMPLOYEES, AND OTHER COMPENSATION RELATED INFORMATION IS INCLUDED WITH THE PROPOSED BUDGET. THE GOVERNING BODY APPROVES THE BUDGET IN ADVANCE OF EACH FISCAL YEAR. COMPENSATION CHANGES DURING ANY FISCAL YEAR ARE AT THE DISCRETION OF SENIOR MANAGEMENT, AND MUST REMAIN WITHIN THE BOARD APPROVED BUDGET. MID YEAR CHANGES TO CEO COMPENSATION, IF ANY, MUST BE REVIEWED AND APPROVED BY THE GOVERNING BODY.

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 132212 11-11-21 Schedule O (Form 990) 2021 50

Schedule O (	Form 990	) 2021
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Name of the organization

FREE PRESS

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 XII, LINE 2C

THE ORGANIZATION'S CHAIR, TREASURER AND CHIEF OPERATING OFFICER ASSUME

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

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Schedule O (Form 990) 2021

132161 11-17-21 LHA

(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.

Open to Public Inspection Employer identification number

2021

Name of the organization

SCHEDULE R

FREE PRESS

41-2106721

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	ent	ity?
				501(c)(3))		Yes	No
FREE PRESS ACTION FUND - 04-3771598							
P.O. BOX 60238	PROMOTING MEDIA REFORM IN						
FLORENCE, MA 01062	THE PUBLIC INTEREST	DISTRICT OF COLUMBIA	501(C)(4)		N/A		Х

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

Schedule R (Form 990) 2021

## Schedule R (Form 990) 2021 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)	(1	h)	(i)	(j		
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	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percent <sup>jing</sup> owners	itage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		or trusty				Yes	No

## Schedule R (Form 990) 2021 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.		Ye	s N
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		Σ
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) FREE PRESS ACTION FUND	N	218,709.	ACTUAL COSTS, TIME SHEETS
(2) FREE PRESS ACTION FUND	0	568,915.	ACTUAL COSTS, TIME SHEETS
(3) FREE PRESS ACTION FUND	Q	699,005.	REIMBURSEMENTS ACTUALLY RECEIVED
(4) FREE PRESS ACTION FUND	В	100,000.	ACTUAL AMOUNT AWARDED
(5)			
_(6)			

## Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-		(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITH 1005)	Yes NO	<u></u>
												1

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

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