

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization FREEDOM HOUSE		D Employer identification number 13-1656647
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1319 18TH STREET, N.W.		E Telephone number (202)296-5101
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.FREEDOMHOUSE.ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

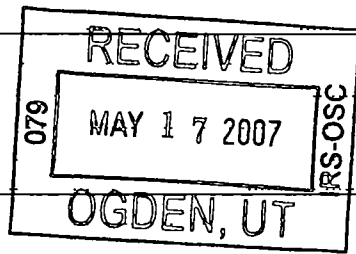
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **24,704,970.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, and similar amounts received				
	a Direct public support	1a	2,718,854.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	20,998,613.		
	d Total (add lines 1a through 1c) (cash \$ 23,717,467. noncash \$)	1d			23,717,467.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			29,441.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			79,793.
	5 Dividends and interest from securities	5			870.
	6 a Gross rents SEE STATEMENT 1	6a	165,334.		
	b Less rental expenses SEE STATEMENT 2	6b	636,506.		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			<471,172.>
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	712,065.	8a			
	569,742.	8b	29,218.		
	142,323.	8c	<29,218.>		
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3 STMT 4	8d			113,105.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			23,469,504.	
Expenses	13 Program services (from line 44, column (B))	13		20,503,318.	
	14 Management and general (from line 44, column (C))	14		2,529,613.	
	15 Fundraising (from line 44, column (D))	15		277,166.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			23,310,097.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			159,407.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,934,657.	
20 Other changes in net assets or fund balances (attach explanation)	20			<319.>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,093,745.	



SEE STATEMENT 5

SCANNED JUN 26 2007

P 22

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc **	25 326,428.	202,173.	111,403.	12,852.
26 Other salaries and wages	26 2,535,988.	1,570,660.	865,481.	99,847.
27 Pension plan contributions	27 144,354.	89,405.	49,265.	5,684.
28 Other employee benefits	28 1,578,377.	977,565.	538,668.	62,144.
29 Payroll taxes	29 250,011.	154,844.	85,324.	9,843.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 184,384.	136,241.	45,892.	2,251.
34 Telephone	34 277,320.	230,311.	44,255.	2,754.
35 Postage and shipping	35 72,615.	58,367.	11,878.	2,370.
36 Occupancy	36 185,576.	185,576.		
37 Equipment rental and maintenance	37 182,970.	109,232.	73,738.	
38 Printing and publications	38 182,241.	157,251.	21,423.	3,567.
39 Travel	39 2,025,812.	1,943,292.	73,035.	9,485.
40 Conferences, conventions, and meetings	40 494,518.	465,235.	29,283.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 67,319.		67,319.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 6	43g 14,802,184.	14,223,166.	512,649.	66,369.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 23,310,097.	20,503,318.	2,529,613.	277,166.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 7

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 12	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 8	
(Grants and allocations \$ 6,262,958.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,589,212.
b SEE STATEMENT 9	
(Grants and allocations \$ 612,400.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,475,824.
c SEE STATEMENT 10	
(Grants and allocations \$ 929,375.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,794,177.
d SEE STATEMENT 11	
(Grants and allocations \$ 220,832.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,122,162.
e Other program services (attach schedule) SEE STATEMENT 13	
(Grants and allocations \$ 1,524,338.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,521,943.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	20,503,318.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	281,334.	45	239,416.
	46 Savings and temporary cash investments	2,431,032.	46	3,450,987.
	47 a Accounts receivable	47a 53,812.		
	b Less: allowance for doubtful accounts	47b	47c	53,812.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	1,793,550.	49	2,649,444.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	71,645.	53	39,100.
	54 Investments - securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	451,069.	54	222,537.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 362,473.			
b Less: accumulated depreciation STMT 15	57b 144,485.	57c	217,988.	
58 Other assets (describe SEE STATEMENT 16)	237,378.	58	232,929.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,421,684.	59	7,106,213.	
Liabilities	60 Accounts payable and accrued expenses	902,353.	60	1,947,967.
	61 Grants payable		61	
	62 Deferred revenue	2,492,526.	62	2,964,396.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 17)	92,148.	65	100,105.
66 Total liabilities. Add lines 60 through 65)	3,487,027.	66	5,012,468.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,613,823.	67	2,093,745.
	68 Temporarily restricted	320,834.	68	0.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,934,657.	73	2,093,745.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,421,684.	74	7,106,213.

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 2,060,653.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A
84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A
85a N/A
85b N/A
85c N/A
85d N/A
85e N/A
85f N/A
85g N/A
85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A
86a N/A
86b N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders N/A
87a N/A
87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0., section 4912 0., section 4955 0.
89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed NY, DC
90b 65
91 a The books are in care of FREEDOM HOUSE, INC. Telephone no 202-296-5101
Located at 1319 18TH STREET, NW, SECOND FLOOR, WASH DC, WAS ZIP+4 20036
91b X
91c X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Table with 2 columns: Yes, No. Row 91b: Yes, X. Row 91c: Yes, X.

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS			15	4,164.	25,277.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	79,793.	
96 Dividends and interest from securities			14	870.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	<471,172.>	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	113,105.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<273,240.>	25,277.
105 Total (add line 104, columns (B), (D), and (E))					<247,963.>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PUBLICATIONS REPORT ON POLITICAL, ECONOMIC, AND SOCIAL ISSUES WHICH AFFECT THE DEVELOPMENT OF DEMOCRACY.

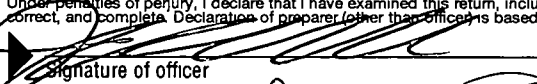
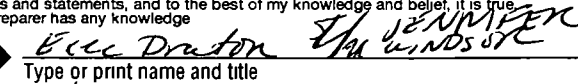
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:  Signature of officer Date: 5/11/07  Type or print name and title: Bill Draton, THE WINDS OF FAIRFAX ST.

Paid Preparer's Use Only: Preparer's signature:  Date: 5/11/07 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC., 700 N. FAIRFAX ST., SUITE 400, ALEXANDRIA, VA 22314

EIN: _____ Phone no: (703) 549-7800

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization FREEDOM HOUSE	Employer identification number 13 1656647
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARLYLE F. H. HOOFF WASHINGTON, DC	CHIEF OPER. OFFICER 40.00	120,388.	16,399.	
NINA SHEA WASHINGTON, DC	DIR. CTR/REL. FREEDOM 40.00	110,000.	1,074.	
PAULA SCHRIEFER WASHINGTON, DC	DIRECTOR/ADVO CACY 40.00	90,803.	13,675.	
KATHLEEN BRAHIMI NEW YORK, NY	DIRECTOR/FUNDRAISING 40.00	94,621.	13,927.	
ARCHER PUDDINGTON NEW YORK, NY	DIRECTOR/RESEARCH 40.00	90,697.	20,178.	
Total number of other employees paid over \$50,000 ▶	19			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	22870365.	15972463.	11951843.	10793274.	61,587,945.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,833.	12,537.	13,738.	36,194.	67,302.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	211,934.	191,618.	247,160.	167,454.	818,166.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	23087132.	16176618.	12212741.	10996922.	62,473,413.
24 Line 23 minus line 17	23082299.	16164081.	12199003.	10960728.	62,406,111.
25 Enter 1% of line 23	230,871.	161,766.	122,127.	109,969.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,248,122.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 86,628.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 62,406,111.
d Add: Amounts from column (e) for lines 18 <u>818,166.</u> 19 _____ 22 _____ 26b <u>86,628.</u>					26d 904,794.
e Public support (line 26c minus line 26d total)					26e 61,501,317.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.5502%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL FURNITURE, FIXTURES, & COMPUTERS			5.00	16	362,473.		0.	362,473.	77,166.	0.	67,319.
	* 990 PAGE 2 TOTAL					362,473.		0.	362,473.	77,166.	0.	67,319.
	MANAGEMENT AND GENERAL					362,473.		0.	362,473.	77,166.	0.	67,319.
	* GRAND TOTAL 990 PAGE 2 DEPR											

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

528102
01-06-06

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME	1	165,334.
TOTAL TO FORM 990, PART I, LINE 6A		165,334.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		636,506.	
- SUBTOTAL -	1		636,506.
TOTAL TO FORM 990, PART I, LINE 6B			636,506.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
----------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	712,065.	569,742.	0.	142,323.
TO FORM 990, PART I, LINE 8	712,065.	569,742.	0.	142,323.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED					
	VARIOUS	VARIOUS	PURCHASED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SALE OF FIXED ASSETS								
NAME OF BUYER								
				0.	72,286.	0.	43,068.	<29,218.>
TO FM 990, PART I, LN 8					72,286.	0.	43,068.	<29,218.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<319.>
TOTAL TO FORM 990, PART I, LINE 20	<319.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROJECT DEVELOPMENT	25,117.		25,117.	
CONSULTANT FEES	2,166,668.	2,066,779.	99,889.	
STAFF TRAINING	8,267.	2,114.	6,153.	
OTHER EXPENSES	883,952.	577,034.	240,549.	66,369.
UTILITIES	99,177.	9,022.	90,155.	
OTHER PROGRAM	2,016,741.	2,016,741.		
PROFESSIONAL FEES	52,359.	1,573.	50,786.	
OTHER CONSULTANT EXPENSES	9,549,903.	9,549,903.		
TOTAL TO FM 990, LN 43	14,802,184.	14,223,166.	512,649.	66,369.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JENNIFER WINDSOR	144,515.	15,470.		159,985.
A. PROGRAM SERVICES	89,505.	9,581.		99,086.
B. MANAGEMENT AND GENERAL	49,320.	5,280.		54,600.
C. FUNDRAISING	5,690.	609.		6,299.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
THOMAS MELIA	119,854.	18,335.		138,189.
A. PROGRAM SERVICES	74,231.	11,355.		85,586.
B. MANAGEMENT AND GENERAL	40,904.	6,258.		47,162.
C. FUNDRAISING	4,719.	722.		5,441.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ADRIAN KARATNYCKY	62,059.	6,303.		68,362.
A. PROGRAM SERVICES	38,437.	3,904.		42,341.
B. MANAGEMENT AND GENERAL	21,179.	2,151.		23,330.
C. FUNDRAISING	2,443.	248.		2,691.

TOTAL PROGRAM SERVICES				227,013.
TOTAL MANAGEMENT AND GENERAL				125,092.
TOTAL FUNDRAISING				14,431.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>366,536.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

RIGHTS PROGRAMS: THE RIGHTS PROGRAM IS ADMINISTERED BY THE RIGHTS CONSORTIUM, A PARTNERSHIP BETWEEN FREEDOM HOUSE (THE PRIME RECIPIENT), THE AMERICAN BAR ASSOCIATIONS CENTRAL AND EAST EUROPEAN LAW INITIATIVES, AND THE NATIONAL DEMOCRATIC INSTITUTE. FUNDING SUPPORTS RULE OF LAW AND HUMAN RIGHTS ACTIVITIES AROUND THE WORLD. THE RIGHTS PROGRAM AIMS TO RAISE LEGAL REFORM, IMPROVE JUSTICE SECTOR INSTITUTIONS AND PROCESSES, RAISE ACCESS TO JUSTICE, AND PROMOTE BEST PRACTICES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	6,262,958.	6,589,212.

DESCRIPTION OF PROGRAM SERVICE TWO

UKRAINE: CITIZEN PARTICIPATION IN ELECTIONS: FREEDOM HOUSE IS IMPLEMENTING A THREE-YEAR PROJECT ENTITLED, CITIZEN PARTICIPATION IN ELECTIONS IN UKRAINE (CPEU) IN PARTNERSHIP WITH THE NATIONAL DEMOCRATIC INSTITUTE AND THE INTERNATIONAL REPUBLICAN INSTITUTE. THE CPEU PROGRAM ADDRESSES A CRITICAL PROBLEM OF THE UKRAINIAN POLITICAL SYSTEM PARTICIPATION IN AND FAIRNESS OF ELECTIONS AND PROPOSES A COMPREHENSIVE APPROACH TO CIVIC PARTICIPATION IN AND OVERSIGHT OF ELECTIONS, THROUGH THE SUPPORT OF FULL-SCALE ELECTION OBSERVATION, VOTER EDUCATION, AND TRAINING FOR POLITICAL PARTY POLL WATCHERS AND ELECTION LAWYERS. CPEU RECEIVED SUPPLEMENTAL FUNDING FROM USAID TO BRING AN INTERNATIONAL OBSERVATION MISSION TO THE UKRAINE FOR THE MARCH 2006 ELECTIONS. ALSO, THROUGH ADDITIONAL FUNDING FROM USAID, FREEDOM HOUSE STARTED A PILOT PROGRAM AIMED AT DEVELOPING FIVE WATCHDOG NGOS AT THE LOCAL LEVEL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	612,400.	2,475,824.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

SERBIA: DEMOCRATIC TRANSITION AND REINTEGRATION: DEMOCRATIC TRANSITION AND REINTEGRATION IN SERBIA SEEKS TO DEVELOP A MORE SUSTAINABLE NGO SECTOR THAT WILL MAKE SUBSTANTIAL CONTRIBUTIONS TO SERBIAS DEMOCRATIC TRANSITION. IN ADDITION, DTRS LOOKS TO BUILD UP A SKILLED CADRE OF LEADERS CULTIVATED WITHIN CIVIL SOCIETY AND GOVERNMENT TO EXERCISE LEADERSHIP IN SERBIAS TRANSITION PROCESS. A SERIES OF CROSS-BORDER INITIATIVES WILL ENCOURAGE REGIONAL INTEGRATION. THE PROGRAM INCLUDES NGO DEVELOPMENT AND CORE PROGRAM GRANTS IN ADDITION TO LOCAL, REGIONAL AND U.S. BASED EXCHANGES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	929,375.	1,794,177.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	222,537.			222,537.
TO FORM 990, LINE 54, COL B		222,537.			222,537.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 15

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES, & COMPUTERS	362,473.	144,485.	217,988.
TOTAL TO FORM 990, PART IV, LN 57	362,473.	144,485.	217,988.

FORM 990 OTHER ASSETS STATEMENT 16

DESCRIPTION	AMOUNT
SECURITY DEPOSIT	94,284.
ADVANCES TO SUBRECIPIENTS	138,645.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	232,929.

FORM 990 OTHER LIABILITIES STATEMENT 17

DESCRIPTION	AMOUNT
DEFERRED RENT	73,124.
DEPOSITS PAYABLE	26,981.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	100,105.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 18

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JENNIFER WINDSOR WASHINGTON, DC 20036	EXECUTIVE DIRECTOR 40.00	144,515.	8,652.	0.
THOMAS MELIA WASHINGTON, DC 20036	DEPUTY EXECUTIVE DIRECTOR 40.00	119,854.	11,980.	0.
MR. RICHARD SAUBER, ESQ WASHINGTON, DC 20036	OF COUNSEL 1.00	0.	0.	0.
PETER ACKERMAN WASHINGTON, DC 20036	CHAIRMAN 1.00	0.	0.	0.
MR. NED BANDLER WASHINGTON, DC 20036	SECRETARY 1.00	0.	0.	0.
MR. ALAN DYE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
AMB. KENNETH ADELMAN WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MS. JACQUELINE ADAMS WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. BERNARD ARONSON WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. WALTER J. SCHLOSS WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
AMB. MAX M. KAMPELMAN WASHINGTON, DC 20036	CHAIRMAN EMERITUS 1.00	0.	0.	0.

FREEDOM HOUSE

13-1656647

DR. THEODORE FORSTMANN WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
AMB. MARK PALMER WASHINGTON, DC 20036	VICE CHAIRMAN 1.00	0.	0.	0.
AMB. STUART EIZENSTAT WASHINGTON, DC 20036	VICE CHAIRMAN 1.00	0.	0.	0.
MR. P.J. O'ROURKE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
AMB. THOMAS S. FOLEY WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MS. NANCY LANE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MS. NINA ROSENWALD WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. ANDREW NATHAN WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MS. DIANA VILLIERS NEGROPONTE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
AMB. JEANE KIRKPATRICK WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. ANTHONY LAKE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. JOHN T. JOYCE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. FAROOQ KATHWARI WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.

MS. BETTE BAO LORD WASHINGTON, DC 20036	CHAIRMAN EMERITUS 1.00	0.	0.	0.
MS. KATHRYN DICKEY KAROL WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. AZAR NAFISI WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. SAMUEL P. HUNTINGTON WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. SIDNEY HARMAN WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. HENRY LOUIS "SKIP" GATES WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. JOHN NORTON MOORE WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. MALCOLM S. FORBES, JR. WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
DR. MICHAEL MCFAUL WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. JAY MAZUR WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. ROBERT HORMATS WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. DAVID NASTRO WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.
MR. DAVID RUBENSTEIN WASHINGTON, DC 20036	TRUSTEE 1.00	0.	0.	0.

FREEDOM HOUSE

13-1656647

MR. WENDELL L. WILLKIE II
WASHINGTON, DC 20036

TRUSTEE
1.00

0. 0. 0.

DR. RUTH WEDGWOOD
WASHINGTON, DC 20036

TRUSTEE
1.00

0. 0. 0.

DR. ARTHUR WALDRON
WASHINGTON, DC 20036

TRUSTEE
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

<u>264,369.</u>	<u>20,632.</u>	<u>0.</u>
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Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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

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

- The books are in the care of ▶ **FREEDOM HOUSE, INC.**
Telephone No. ▶ **202-296-5101** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization FREEDOM HOUSE	Employer identification number 13-1656647
	Number, street, and room or suite no. If a P.O. box, see instructions. 1319 18TH STREET, N.W.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

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

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

- The books are in the care of **FREEDOM HOUSE, INC.**
Telephone No. **202-296-5101** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2007**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION TO FILE AN ACCURATE RETURN.

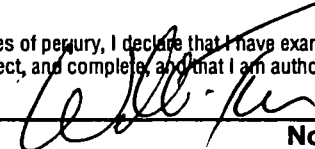

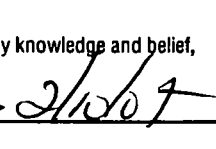
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

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

Signature  Title  Date 

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	McGLADREY & PULLEN, LLP 700 N. FAIRFAX STREET, SUITE 400 ALEXANDRIA, VA 22314	ADREY, INC.) or a P.O. box number E 400 (including postal or ZIP code)
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