Amer	nded Return Secti			epeal (: [		)			
990-T Exempt	de Organization Bus			ax Return	ո` <sub> </sub> ՟	OMB No 1545-0687			
/ /2.0.0.	(and proxy tax und	ler se	ction 6033(e))	00 001	,	2018			
·   ¬ · · ·	or other tax year beginning JUL 1,				<u>9</u>	ZU 10			
Department outpertreasury	Go to www.irs.gov/Form990T for in				5	Open to Public Inspection for 50 1(c)(3) Organizations Only			
	SSN numbers on this form as it may			ation is a 50 i(c)(5)		yer identification number			
A L Check box if address changed Name of org	anization ( Check box if name o	nangeo	and see instructions )		Emplo	oyees' trust, see ctions }			
<u> </u>	Print Electronic Frontier Foundation, Inc.								
	pe 815 Eddy Street (See instructions)								
	state or province, country, and ZIP o	r foreig	n postal code		1				
529(a)   San Fi	cancisco, CA 941								
at end of year	mption number (See instructions.)	<b>&gt;</b>							
G Check org	anization type 🕨 🗶 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust			
H Enter the number of the organization's unrelate	ed trades or businesses	1		the only (or first) un					
trade or business here				complete Parts I-V					
describe the first in the blank space at the end	of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	OL			
business, then complete Parts III-V.					T v-	s X No			
I During the tax year, was the corporation a sub if "Yes," enter the name and identifying number		nt-subs	idiary controlled group?		Yes	; LALINO			
J The books are in care of Kelly I			Telenho	one number <b>&gt; 4</b>	15-4	436-9333			
Part I Unrelated Trade or Bus	0		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sales		П	. ,						
b Less returns and allowances	c Balance	10							
2 Cost of goods sold (Schedule A, line 7)		2							
Gross profit. Subtract line 2 from line 1c		3							
a Capital gain net income (attach Schedule D)	·	4a							
co b Net gain (loss) (Form 4797, Part II, line 17)	(attach Form 4797)	4b	- "·						
Capital loss deduction for trusts	•	4c				···			
Income (loss) from a partnership or an S co	orporation (attach statement)	5							
Income (loss) from a partnership or an S co Rent income (Schedule C) Unrelated debt-financed income (Schedule Interest, annuities, royalties, and rents from Investment income of a section 501(c)(7), (Exploited exempt activity income (Schedule		6	_						
Unrelated debt-financed income (Schedule	•	7							
Interest, annuities, royalties, and rents from		8			-				
Investment income of a section 501(c)(7), (		$\overline{}$							
	1)	10							
Advertising income (Schedule J)  Other income (See instructions; attach sche	(alub)	12							
Total. Combine lines 3 through 12	adule)	13	0.		_				
Part II Deductions Not Taken I	Elsewhere (See instructions fo					<del></del>			
	ctions must be directly connecte			s income )					
14 Compensation of officers, directors, and tr	ustees (Schedule K)		<del></del>		14				
15 Salaries and wages	16				15				
16 Repairs and maintenance	MAR 0 2 2020 101				16				
	Mun, - Iwi				17				
18 Interest (attach schedule) (see instructions	2				18				
19 Taxes and licenses	CDEN, UI				19				
20 Charitable contributions (See instructions	for-limitation rules)				20				
21 Depreciation (attach Form 4562)			21						
22 Less depreciation claimed on Schedule A	and elsewhere on return		22a		22b 23				
•	epletion								
·	tributions to deferred compensation plans								
<ul><li>25 Employee benefit programs</li><li>26 Excess exempt expenses (Schedule I)</li></ul>	•								
27 Excess readership costs (Schedule J)									
28 Other deductions (attach schedule)					27 28				
29 Total deductions Add lines 14 through 28	}				29	0.			
30 Unrelated business taxable income before		t line 29	9 from line 13		30	0.			
31 Deduction for net operating loss arising in	• •				3				
32 Unrelated business taxable income. Subtra	, , ,	, ,==			32	0.			
823701 01-09-19 LHA For Paperwork Reduction			· ·			Form <b>990-T</b> (2018)			

Form 990-	(2018) Electronic Frontier Foundation, inc. 04-303	<u> </u>		age i
Part				
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		0.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			_
	enter the smaller of zero or line 36	38		0.
Part	<del></del>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions	<b>Å1</b>		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.
	V Tax and Payments	<del>, , , _</del>		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a	<b>」</b>		
	Other credits (see instructions)	<b>↓</b>		
	General business credit. Attach Form 3800	<b>↓</b>		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>		
е	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
	Payments: A 2017 overpayment credited to 2018	<b>↓</b>		
	2018 estimated tax payments	4		
	Tax deposited with Form 8868	4		
	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>↓</b>		
	Backup withholding (see instructions) 50e	<b>↓</b>		
	Credit for small employer health insurance premiums (attach Form 8941)	<b>-</b>		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 X Other 6,199. Total 50g 6,199.	-1 .		
51	Total payments. Add lines 50a through 50g See Statement 1	51	6,19	99.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	<u> </u>	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	6,19	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<u> </u>	6,19	99.
Part \			<del></del>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			_
	here >		$-\!$	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wledge and be	lief, it is true,	
Sign	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	May the IRS disc	cuss this return w	ıth
Here		he preparer sho		۱
	Signature of officer Date V Title	nstructions)?	<u>X</u> Yes	No
		ıf PTIN		
Paid	self- employed		<b></b>	
Prepa	arer Sean E. Cain, CPA   Sean E Cain   2/12/20		612986	
Use C	Only Firm's name ► Harrington Group, CPAs, LLP Firm's EIN ►	· 95-	4557617	<u></u>
	234 East Colorado Blvd., Suite M150	1000	100 000	
	Firm's address ► Pasadena, CA 91101 Phone no.	(626)	<u>403-680</u>	1

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	of year 6				
2 Purchases	2	<u> </u>	7 Cost of goods sold Su	ubtract line 6				
3 Cost of labor	3		from line 5 Enter here	and in Part I,		ŀ		
4a Additional section 263A costs		-	line 2		7			
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to	•			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real	Prope	erty)		
Description of property						<u> </u>		
(1)								
(2)			***					
(3)				<del></del>				
(4)								
(1) 5		red or accrued				nnected with the income in		
(a) From personal property (if the personal property is more 10% but not more than 50%)	re than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age columns	2(a) and 2(	(b) (attach schedule)		
(1)								
(2)								
(3)	<u> </u>							
(4)								
Total	0.	Total	-	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		iter -		(b) Total deduction Enter here and on page Part I, line 6, column (	je 1,	0		
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)		•			
			2. Gross income from	<ol> <li>Deductions direct to debter</li> </ol>	lly connect financed p			
1 Description of debt-f	inanced property		or allocable to debt- financed property	(a) Straight line depreclati (attach schedule)	on	(b) Other deductions (attach schedule)		
(1)			·		+			
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	reportable (column 6 x total c				
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				Enter here and on page 1 Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals			•		0.	0		
Total dividends-received deductions in	ncluded in column	n 8				- 0		

. .

1.

Schedule F - Interest,	Annuitie	s, Roya	lties, aı	nd Rent	s From C	ontroll	ed Organiz	zatio	<b>ns</b> (see in:	structio	ns)	
				Exempt	Controlled O	rganızatı	ions					
Name of controlled organization	lion	2. Em identifi num	cation	3 Net uni (loss) (see	related income e instructions)		tal of specified ments made	includ	Part of column 4 that is included in the controlling organization's gross income		connected	ctions directly d with income olumn 5
(1)				1		<u> </u>					_	
(2)				1								
(3)												
(4)			-	1		ì						
Nonexempt Controlled Organi	zations			·		I		<u>.                                    </u>				
7. Taxable Income		nrelated incor	ne (loss)	9 Total	of specified pay	ments	10. Part of colu	mn 9 tha	nt is included	11 0	eductions du	rectly connected
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ee instruction			made		in the controll	ing orga s income	กเzation's	' w	th income in	column 10
(1)												
(2)												
(3)											-	
(4)												
					-		Add colur Enter here and line 8, 4		e 1, Part I,	I	Add columns here and on line 8, colu	page 1, Part I,
Totals						•			0.			0
Schedule G - Investme	nt Incor	ne of a	Section	\$01(c)/	7) (9) or	(17) ()	rganization	,				
(see insti		ile oi a	Section	1 30 1 (0)(	7, (3, 0)	(17, 0.	garnzation	•				
	ription of inco	me			2. Amount of	income	3. Deduction directly connection (attach scheduler)	ected	4. Set-	-asides schedule)	ar	otal deductions nd set-asides I 3 plus col 4)
(1)		•	-				<del>-</del>					
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							ere and on page ne 9, column (B)
Totala						0.						0
Totals	F	A -At-da	. 1	- 0410	u Than As				<del></del>			
Schedule I - Exploited (see instru	-	ACTIVITY	Incom	ie, Otne			ing income	• ——				
1. Description of exploited activity	2. G unrelated incom trade or t	e from	directly of with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribu	penses table to mn 5	expe 6 mil but i	excess exempt enses (column nus column 5, not more than column 4).
(1)												
(2)												
(3)						_						
(4)												
	Enter her page 1, line 10,	Part I,	page 1	re and on I, Part I, , col (B)		-			1			iter here and on page 1, irt II, line 26
Totals -		0.		0.								0
Schedule J - Advertisi	ng Incoi	ne (see	nstruction	ns)	•							
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis						
1 Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c	tising gain of 2 minus ain, compu nrough 7			6. Read cos		costs (co	ess readership olumn 6 minus 5, but not more column 4)
(1)												
(2)												
(3)								•				
(4)					7							
Totals (carry to Part II, line (5))	•		0.									0
() (-/)			· -1						<b>L</b>		4	

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## Form 990-T (2018) Electronic Frontier Foundation, Inc. 04-30914 Part !! Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation Income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	
(2)							
(3)							
(4)					·		
Totals from Part I	•	0.	0.	· · · · · · · · · · · · · · · · · · ·	• ,	-	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	<del>-</del>	•	0.

Form 990-T (2018)

<u> </u>	<u></u>		
Form 990-T	Other Credits and Payments	Statement	1
Description	Amount		
Line 34: Repeal of Se Transportation Fringe	6,1	99.	
Total included on For	m 990-T, Page 2, Part V, line 50g	6,1	99.