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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: FREEDOM FIRST REIA LTD. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 900 WALWORTH PENFIELD RD. City or town, state or country, and ZIP + 4: MACEDON, NY 14502

D Employer identification number: 26-2761904. E Telephone number: (585) 455-3352. F Group Exemption Number

G Accounting method: Cash, Accrual, Other (specify)

I Website: N/A

J Tax-Exempt status (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**Part II** **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	4,603	<b>22</b>	1,491
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	417	<b>24</b>	0
<b>25 Total assets</b> . . . . .	5,020	<b>25</b>	1,491
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	54	<b>26</b>	1,167
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	4,966	<b>27</b>	324

**Part III** **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
FREEDOM FIRST REIA PROVIDES A VENUE FOR BOTH NEW AND EXPERIENCED REAL ESTATE INVESTORS TO COME TOGETHER, NETWORK AND LEARN ABOUT THE LATEST TRENDS AND TECHNIQUES FROM EXPERIENCED INVESTORS PROFESSIONAL REAL ESTATE TRAINERS AND MENTORS WILL EDUCATE AND LEAD PEOPLE THROUGH VARIOUS ASPECTS AND TECHNIQUES OF REAL ESTATE INVESTING, FINANCING, ASSET PROTECTION, DEVELOPMENT AND MANY OTHER INVESTING TOOLS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> PROVIDE NETWORKING AND SEMINARS TO STIMULATE, FOSTER AND ENCOURAGE THE ADVANCEMENT OF AN INTERDISCIPLINARY, PROFESSIONAL APPROACH TO THE PLANNING, DESIGN, OPERATION OF REAL ESTATE INVESTMENT AND RELATED SYSTEMS TO MEET THE NEEDS OF PUBLIC AND PRIVATE ORGANIZATIONS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	7,194
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	7,194

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (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.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here section containing signature of officer (\*\*\*\*\*), date (2011-10-06), and name/title (SUSAN HOLMAN OFFICER/DIRECTOR).

Paid Preparer's Use Only section containing preparer's signature (JAMES P SCHNELL CPA), date, check if self-employed, and firm's name/address (MENGEL METZGER BARR & CO LLP).

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
FREEDOM FIRST REIA LTD

**Employer identification number**  
26-2761904

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 325 DESCRIPTION MARKETING AMOUNT 721 DESCRIPTION MEETING SUPPLIES & REFRESHMENTS AMOUNT 660 DESCRIPTION OFFICE SUPPLIES AMOUNT 79 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 459 DESCRIPTION DONATIONS AMOUNT 48 DESCRIPTION EQUIPMENT RENTAL & MAINTENANCE AMOUNT 213 TOTAL TO FORM 990-EZ, LINE 16 2,505

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -4,539

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 417 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 54 END OF YEAR AMOUNT 667 DESCRIPTION NOTE PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 500

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** FREEDOM FIRST REIA LTD

**EIN:** 26-2761904

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2761904

**Name:** FREEDOM FIRST REIA LTD

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOSEPH MCGUIRE 56 POTOMAC STREET ROCHESTER, NY 14611	BOARD MEMBER 1 00	0	0	0
LEON GRIGGS 56 POTOMAC STREET ROCHESTER, NY 14611	PRESIDENT 1 00	0	0	0
DAVID COPPOLA 56 POTOMAC STREET ROCHESTER, NY 14611	VICE PRESIDENT 1 00	0	0	0
SUSAN HOLMAN 56 POTOMAC STREET ROCHESTER, NY 14611	SECRETARY/TREASURER 1 00	0	0	0