

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 frust or private foundation)
Sponsoring organizations of dohor 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. 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.

Open to Public Inspection

		e 2011 Calendar year, or tax year beginning and ending			
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$\vdash$	_ Addre	rss change			
Ļ	Name	change THE FREEDOM BANK FOUNDATION INC		4330939	
느	Initial		E Telephone number		
느	Termi		703-242-5300		
Ļ			Group E		
<u>L</u>	Applica	ton pending FAIRFAX, VA 22030		► N/A	
			1 Check	► X if the organization is <b>not</b>	
		e: ▶ <u>N/A</u>	required	to attach Schedule B	
		empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no ) 4947(a)(1) or 527		90, 990-EZ, or 990-PF)	
K (	Check I	$\blacktriangleright$ $X$ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b> its gro	ss receip	ts are normally <b>not</b> more than	
\$	50,00	O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	s) But if t	he organization chooses to file	
a	returr	i, be sure to file a complete return			
l /	Add line	es 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,			
	ine 25,	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>\$</b> 450.	
P	art E	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	tions for F	Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I		X	
	1	Contributions, gifts, grants, and similar amounts received	1	450.	
	2	Program service revenue including government fees and contracts	2		
Ø	₿3	Membership dues and assessments	3		
5	₹ 4	Investment income	4		
S	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less cost or other basis and sales expenses 5b			
E	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>		
	ء ا	Gaming and fundraising events			
24	} a	Gross income from gaming (attach Schedule G if greater than			
	7	\$15,000) <u>6a</u>			
Revenue C 7 VIJB	† b	Gross income from fundraising events (not including \$ of contributions			
~	Ì	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
ZIUZ	3	gross income and contributions exceeds \$15,000)			
	C	Less direct expenses from gaming and fundraising events  6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances 7a			
	b	Less cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from the AECEIVED	70		
	8	Other revenue (describe in Schedule O)	8	450	
	9	Total revenue. Add lines 1, 2, 3, 4, 50, 60, 70, and 6	<b>▶</b> 9	450.	
	10	Grants and similar amounts paid (list in Schedule O)	10	<del></del>	
	11		11	<del></del>	
es	12	Salaries, other compensation, and employee benefits  OGDEN, UT	12		
Expenses	13	Professional fees and other payments to independent contractors	13		
χ	14	Occupancy, rent, utilities, and maintenance	14		
ш	15	Printing, publications, postage, and shipping	15	10 500	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16		
	17	Total expenses. Add lines 10 through 16	17		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<10,600.>	
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))		15 271	
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19		
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b>▶</b> 21		
1 H	∆ Fnt	Panerwork Reduction Act Notice see the separate instructions		Form <b>990-EZ</b> (2011)	

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orr	m 990-EZ (2011) THE FREEDOM BANK FOUNDATI	ON INC	_		_1_3-	<u>-43309</u>	39 Page 2			
Pi	art II Balance Sheets. (see the instructions for Part II.)									
Check if the organization used Schedule O to respond to any question in this Part II										
		ļ	(A)	Beginning of yea		(B) E	nd of year			
22	• • • • • • • • • • • • • • • • • • • •			15,37	1 . 22		<u>4,771.</u>			
23	• •				23	<u> </u>				
24		1		15 27	24	<del> </del>	A 771			
25 26				15,37	$\overline{}$	+	4,771.			
20 27		}		15,37	26 1 • 27	+	4,771.			
	art III Statement of Program Service Accomplishmen	its (see the instr	uction				penses			
	Check if the organization used Schedule O to res	•			·	(Required	for section			
Vha	at is the organization's primary exempt purpose?SEE SCHEDULE O				-		and 501(c)(4) ons and section			
	cribe the organization's program service accomplishments for each of its three largest program siner, describe the services provided, the number of persons benefited, and other relevant informations.		kpenses li	n a clear and concis	e		trusts, optional			
28	DONATIONS WERE MADE TO VARIOUS LOCA	L CHARITIE	S AN	D LOCAL	•					
	CHAPTERS OF NATIONAL CHARITIES.					1 1				
	(Grants \$ ) If this amount includes foreign g	rants, check here			· 🗀	28a	10,500.			
29										
				<del></del>	<del></del>	1				
	(Grants \$ ) If this amount includes foreign g	rants, check here			<u> </u>	29a				
30						1 1				
				<del></del>						
	(Grants \$ ) If this amount includes foreign g	rants, check here			• [	30a				
31		antoj onoon noo								
				_		04.				
	(Grants \$ ) If this amount includes foreign g	rants, check here				31a				
	(Grants \$ ) If this amount includes foreign g  Total program service expenses (add lines 28a through 31a)				<b>•</b>	32	10,500.			
	(Grants \$ ) If this amount includes foreign g  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key E	mployees. List each				32				
	(Grants \$ ) If this amount includes foreign g  Total program service expenses (add lines 28a through 31a)	mployees. List each	stion		IV	32 Instructions fo	or Part IV)			
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JC SU MI SI	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)  art V List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and address  OHN T. ROHRBACK, 10555 MAIN STREET,  JITE 100, FAIRFAX, VA 22030  ICHAEL A. MIRANDA, 10555 MAIN  PREET, SUITE 100, FAIRFAX, VA 22030  IRISTINE A. GORMAN, 10555 MAIN	mployees. List each pond to any que (b) Title and average in per week devoted position  PRESIDENT  1.00  VICE PRESI  1.00  TREASURER	nours to	in this Part (c) Reportable compensation (Form W-2/1099-MISC) if not paid, enter-0  AND SE	(d) Ho cont emply plans, corr	alth benefits, inbutions to oyee benefit and deferred opensation  O.	(e) Estimated amount of other compensation  0 .			
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JC SUMI	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)  art V List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and address  OHN T. ROHRBACK, 10555 MAIN STREET,  JITE 100, FAIRFAX, VA 22030  ICHAEL A. MIRANDA, 10555 MAIN  PREET, SUITE 100, FAIRFAX, VA 22030  IRISTINE A. GORMAN, 10555 MAIN	mployees. List each pond to any que (b) Title and average in per week devoted position  PRESIDENT  1.00  VICE PRESI  1.00  TREASURER	nours to	in this Part (c) Reportable compensation (Form W-2/1099-MISC) if not paid, enter-0  AND SE	(d) Ho cont emply plans, corr	alth benefits, inbutions to oyee benefit and deferred npensation  O.  O.	(e) Estimated amount of other compensation  0 .			

Form	990-EZ (2011) THE FREEDOM BANK FOUNDATION INC		13-4330			Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract	ct sta	tement requirement	s in t	ne	
	instructions for Part V) Check if the organization used Sch. O to resp	ond t	o any question in th	ıs Pai	t V	X
					Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a de-	etailed (	lescription of each			_
	activity in Schedule O			33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed of	copy of	the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (	(see ins	tructions)	34		<u>X</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	activitie	s (such as those reported			
	on lines 2, 6a, and 7a, among others)?			35a		<u> </u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sch	hedule (	)	35b	N/	<u>A</u>
£	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) not	tice, rep	orting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III			35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du	ring the	year? If "Yes,"			
	complete applicable parts of Schedule N		_	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.			
b	Did the organization file Form 1120-POL for this year?			37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	e any s	ich loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?		4-	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations Enter		/-			
a	Initiation fees and capital contributions included on line 9	39a	N/A			
	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		•			
	section 4911 ► 0 . , section 4912 ► , section 4955		0.			
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefits					
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its p	prior Fo	rms 990 or 990-EZ?			,,
	If "Yes," complete Schedule L, Part I			40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		0			
	or disqualified persons during the year under sections 4912, 4955, and 4958		0.			
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the		0			
	organization		·			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					v
	transaction? If "Yes," complete Form 8886-T			40e_		X
41	List the states with which a copy of this return is filed NONE		ephone no ► 703-24	2_5	300	
42 a	The organization's books are in care of THE FREEDOM BANK OF VIRGINIA located at 10555 MAIN STREET, SUITE 100, FAIRFAX, VA		epnone no $\triangleright \frac{703-24}{219+4}$	203	500	
	Located at P 10000 12111.		ZIP+4 ► <u>Z</u>	205	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			42b	163	X
	account)?			720	•••••	
	If "Yes," enter the name of the foreign country:	and Fin	ancial Accounts			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank at any time during the calendar year, did the organization maintain an office outside of the U S ?	unu f 1()	undigi 11990alila.	42c		X
Ü	If "Yes," enter the name of the foreign country			720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				•	$\Box$
40	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43	N/A	-	
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>			
					Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	ed inste	ad of			1
770	Form 990-EZ	, a		44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be comp	oleted in	stead			
U	of Form 990-EZ	11		44b		X
r	Did the organization receive any payments for indoor tanning services during the year?			44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp	olanatı	on	,		1
	in Schedule O	, <del></del>		44d		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	e mean	ing of section			T
	512/h\/13\2 If "Vas." Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instr			45b		1

132173 02-06-12

Form 990-EZ (2011)

Form 990-EZ (2	2011) THE FREEDOM BANK I	OUNDATION _	INC		13-4330	939		Page 4
	ganization engage, directly or indirectly, in political c	ampaign activities on be	half of or in opposition	to candidates for pi	ıblıc office?		Yes	
IT "Yes," co	omplete Schedule C, Part I	1 4 40 47 ( )	(4)			46		X
	Section 501(c)(3) organizations and	• •			_			(c)(3)
	organizations and section 4947(a)(1) nonexem	-			and complete	tne ta	Dies	$\Box$
	for lines 50 and 51. Check if the organization u	ised Schedule O to re	spond to any quest	ion in this Part VI	<del></del>		Yes	No
47 Did the or	canalization and and in labbium a catuation or being a	ation EO4/h) alastian in a	officet dumpe the tours	a-0 lf "Vaa " aa malati	- 0-5 0 0-411		res	X
	ganization engage in lobbying activities or have a se	• •		aren Yes, complet	Sch C, Part II	47		X
	anization a school as described in section 170(b)(1)					48		X
	ganization make any transfers to an exempt non-cha		0117			49a		
	as the related organization a section 527 organization		han affinara directaria	tourstand and love and	 	49b		
	this table for the organization's five highest compen 0,000 of compensation from the organization. If there		man onicers, onectors	, trustees and key er	ilpidyees) wild e	acii iec	eiveu i	11018
ulali \$100	(a) Name and address of each employee		le and average hours	(0) 5	(d) Health benefit	70	) Estim	atad
	paid more than \$100,000		r week devoted to	(C) Reportable compensation (Forms	contributions to	1	ount of	
	NONE		position	W-2/1099-MISC)	employee benefit plans, and deferre	. 1	mpens	
<del></del>	NONE		·		compensation			<del></del>
					ļ			
			· · <del></del>		<del></del>	+		
						+-		
	<del></del>					+		
	· · · · · · · · · · · · · · · · · · ·							
					<u> </u>	$+\!-\!-$		
	<del></del>		i					
f Total num	nber of other employees paid over \$100,000			<u>.</u> .				
<u>Organizati</u>	this table for the organization's five highest compension. If there is none, enter "None" NONE address of each independent contractor paid more		(b) Type o		·	ation fr		
		<del>_</del>						
		<del></del>						
	·		<del></del>	<del> </del>				
	<del></del>							
					<del></del>			
	· · · · · · · · · · · · · · · · · · ·							
	·	<del></del>						
d Total num	nber of other independent contractors each receiving	over \$100 000		<b>•</b>				
	rganization complete Schedule A? <b>Note</b> : All section 5		nd 4947(a)(1) nonexe	mot				
Charitable	trusts must attach a completed Schedule A				▶ [	ΧΥε		No
Under penalties of	perjury, I declare that I have examined this return, including parer (other than officer) is based on all information of which	accompanying schedules and	statements, and to the be	st of my knowledge and	belief, it is true, co	rrect, an	d comp	lete
	( Days of W. Lowell	reparer has any knownesse	· · · · · · · · · · · · · · · · · · ·		·			
Sign Here	Signature of officer  Yaig 5 Undly M1  Type or print name and title	1) Presi	dents C	6)	Date 3/6	29/	20	12
		parer's signature	Date	Check	ıf PTIN	<del></del>		
Paid	RICHARD D. CASTRO,	0 ./\_		self- emplo	_			
Preparer	CPA CABIRO,	au Vla	D ALL O	9 2012	P00	367	721	
Use Only	Firm's name THOMPSON, GREEN	NSPON & CO.	P. C. CPA					
Joe Only	Firm's address > 4035 RIDGE TO		700	Phone no	(702)			88
	FAIRFAX, VA 22		, , , ,	F110118 110	(,,,,,)	505		-
May the IRS dis	scuss this return with the preparer shown above? Se		<del>_</del>	<del>-</del>	▶ [	X Ye	s T	□ No
			· · · · · · · · · · · · · · · · · · ·	<del></del> -				(2011)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

			THE FRE	EDOM BANK FO	UNDAT	TON II	NC			13-	-4330	737	
Part	I	Reason f	or Public Chari	ty Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
he org	ganı	zation is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check c	nly one b	ox.)					
1		A church, con	vention of churches	, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i).					
2		A school desc	cribed in section 170	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗆				al service organization of		n section	170(b)(1)(	A)(iii).					
4				perated in conjunction					b)(1)(A)(iii	). Enter the	hospital'	s name	₽,
		city, and state											
5	$\neg$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6					t described	ın sectio	n 170(b)(1	)(A)(v).					
7	司	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public descri										ribed ir	1
		-	b)(1)(A)(vi). (Complet										
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🖸	X			eives: (1) more than 33			om contri	butions, m	embership	fees, and	gross red	eipts f	rom
-				nctions · subject to certa									
				exable income (less sect									
			509(a)(2). (Complete										
10 🗆				perated exclusively to te	st for publi	ıc safety. S	ee <b>sectio</b>	n 509(a)(4	).				
11 🖺		An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	urposes o	f one o	or
				itions described in secti									
		describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
		a Type I		,		e III · Func					Type III - C		
e 🖸	X			t the organization is not									n
				han one or more publicl						(a)(1) or se	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										L_
9		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									r., 1		
		(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described i	n (II) and (I	II) below,	[ m	Yes	No
		-		upported organization?							11g(i)		
				n described in (i) above?							11g(ii)		
				person described in (i)							11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
			/II\ F161	(iii) Type of	(iv) is the o	organization	(v) Did vo	u notify the	(vI) Is	the	(vII) An	nount o	f
• •		me of supported (ii) EIN organization		organization	in col (i) l	sted in your	organizat	ion in col				port	
	orgi			(described on lines 1-9 above or IRC section	governing document? (i) of your support?		\``` <b>`</b> ```````	?					
				(see instructions))	Yes	No	Yes	No	Yes	No			
		<del></del>											
						ļ		ļ <u>.</u>					
							1						
			_		<del> </del>	<del>                                      </del>	<del> </del>			<del>  -   -</del>			
					<del>                                     </del>	<del>                                     </del>		<del> </del>		† †			
					ļ		-		ļ	┼┼	<del> </del>		
<b>-</b>													

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2 Schedule A (Form 990 or 990-EZ) 2011 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2011 (f) Total (d) 2010 (b) 2008 (c) 2009 Calendar year (or fiscal year beginning in) (a) 2007 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶∐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2011

17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					İ	
	membership fees received. (Do not	ļ					
	include any "unusual grants.")		44,574.	10,975.	8,175.	450.	64,174.
2	Gross receipts from admissions, merchandise sold or services performed, 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		44,574.	10,975.	8,175.	450.	64,174.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	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						0.
	Add lines 7a and 7b		-				0.
	Public support (Subtract line 7c from line 6)						64,174.
	ction B. Total Support		. , , , , , , , , , , , , , , , , , , ,				******
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6		44,574.	10,975.	8,175.	450.	64,174.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
- 1	b Unrelated business taxable income	1		ļ			
	(less section 511 taxes) from businesses	l					
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain				<del></del>		
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)		44,574.	10,975.	8,175.	450.	64,174.
	First five years. If the Form 990 is for	the organization'	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	-					<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15				olumn (f))		15	%
16			•			16	%
_	ction D. Computation of Inves						
17				e 13, column (f))		17	%
18				, ,,,,		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che						▶ 🗀
20							▶□
_							

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** THE FREEDOM BANK FOUNDATION INC 13-4330939 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: **DONATIONS** 10,500. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RAISE FUNDS TO DONATE TO VARIOUS LOCAL CHARITIES AND LOCAL CHAPTERS OF NATIONAL CHARITIES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 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.