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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

Department of the Treasury  
Internal Revenue Service

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. 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

**A For the 2011 calendar year, or tax year beginning and ending**

**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) ▶

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

**I Website:** ▶ **N/A**

**J Tax-exempt status (check only one)** -  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

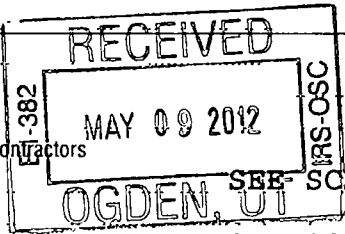
**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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** ▶ \$ **55,079.**

## 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

|            |  | 1  | 2  | 3       | 4 | 5a | 5b | 5c | 6a       | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |
|------------|--|--|----|---------|---|----|----|----|----------|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |    | 30,000. |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 2  | Program service revenue including government fees and contracts  |    | 529.    |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 3  | Membership dues and assessments  |    | 9,550.  |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 4  | Investment income  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a | 15,000. |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | b  | Less: cost or other basis and sales expenses   | 5b | 30,000. |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |    |         |   |    |    | 5c | -15,000. |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 6  | Gaming and fundraising events  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | b  | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 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   | 7b   |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     |  |    |         |   |    |    | 7c |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 8          | Other revenue (describe in Schedule O)   |  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      |  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 11   | Benefits paid to or for members  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 12   | Salaries, other compensation, and employee benefits  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 13   | Professional fees and other payments to independent contractors  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 14   | Occupancy, rent, utilities, and maintenance  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 15   | Printing, publications, postage, and shipping  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 16   | Other expenses (describe in Schedule O)  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   |  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   |    |         |   |    |    |    |          |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |



LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2011)

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2011.02060 FREEDOM FIRST REIA LTD.

FRE09401



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a 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?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. NY
42a The organization's books are in care of SUSAN HOLMAN Telephone no. 585-455-3352
Located at 900 WALWORTH PENFIELD ROAD, MACEDON, NY ZIP + 4 14502
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes [ ], No [X]

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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes [ ], No [ ]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes [ ], No [ ]

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes [ ], No [ ]

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes [ ], No [ ]

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) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1: N/A

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. Row 1: N/A

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: Signature of Officer: Leon Griggs Jr., President FREEDOM FIRST REIA, LTD. Date: 5/4/2012. Type or print name and title: LEON GRIGGS, OFFICER/DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: JAMES P. SCHNELL, CPA. Preparer's signature: [Signature]. Date: 2/24/12. Check [ ] if self-employed. PTIN: P00513462. Firm's name: MENGEL, METZGER, BARR & CO. LLP. Firm's EIN: 16-1092347. Firm's address: 100 CHESTNUT STREET, SUITE 1200 ROCHESTER, NY 14604. Phone no.: 585-423-1860

May the IRS discuss this return with the preparer shown above? See instructions. Yes [X] 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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

FREEDOM FIRST REIA LTD.

Employer identification number  
26-2761904

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

| DESCRIPTION OF EXPENSES:      | AMOUNT: |
|-------------------------------|---------|
| DEPRECIATION                  | 73.     |
| OTHER EXPENSES                | 2,936.  |
| TOTAL TO FORM 990-EZ, LINE 14 | 3,009.  |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------|---------|
| DUES & SUBSCRIPTIONS           | 628.    |
| MARKETING                      | 269.    |
| OFFICE SUPPLIES                | 126.    |
| CONFERENCES & MEETINGS         | 2,209.  |
| EQUIPMENT RENTAL & MAINTENANCE | 27.     |
| OTHER COSTS                    | 1,049.  |
| SALES TAX                      | 49.     |
| TOTAL TO FORM 990-EZ, LINE 16  | 4,357.  |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| DUE FROM TENANT               | 0.           | 8,500.      |
| OTHER DEPRECIABLE ASSETS      | 0.           | 473.        |
| TOTAL TO FORM 990-EZ, LINE 24 | 0.           | 8,973.      |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION      | BEG. OF YEAR | END OF YEAR |
|------------------|--------------|-------------|
| ACCOUNTS PAYABLE | 667.         | 667.        |

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

Schedule O (Form 990 or 990-EZ) (2011)

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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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

FREEDOM FIRST REIA LTD.

Employer identification number

26-2761904

NOTE PAYABLE 500. 500.

TOTAL TO FORM 990-EZ, LINE 26 1,167. 1,167.

FORM 990-EZ, PART III, 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.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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.