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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

A F	or the 201	1 calendar year, or tax year beginning 11/02, 2011, and ending				0/31,2	
ь		C Name of organization	D	Employer	identifi	ication nun	ber
) C	heck of applicable	FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		45-37	3275	0	
	Address change	Doing Business As					
X	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telephone	odmun e	er	
Κ	Initial return	2200 WILSON BLVD STE 102-533	(5	71) 3	84-	5811	
	Terminated	City or town, state or country, and ZIP + 4		· · ·			
	Amended	ARLINGTON, VA 22201-3324	G	Gross rec	eiots \$	256	035,
-	return Application	F Name and address of principal officer RICHARD RIBBENTROP		Is this a			Yes
_	pending	2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201-33.	. `	affiliates?	•	-	Yes
-	T			Are ellat		st (see instru	
	Tax-exempt s	7 (() () () () () () () () ()				•	Cilons
		WWW.FREEDOMPARTNERS.ORG				number 🕨	
			formation	2011	M Stat	e of legal d	omicile
Pa		mmary					
	1 Brief	y describe the organization's mission or most significant activities $_ FREEDOM_PARTN$	ERS CH	AMBER	OF	COMME	CE
		ANCES ITS MEMBERS' COMMON BUSINESS INTERESTS BY PROMO					
듩	IMP	ROVING BUSINESS CONDITIONS IN THE UNITED STATES, THERE	BY INC	REASI	NG (OPPORT	UNITY.
Ë	INN	OVATION, AND PROSPERITY FOR ALL AMERICANS. (SEE SCHEE	DULE ()				
Activities & Governance	2 Chec	k this box 🕨 🔲 if the organization discontinued its operations or disposed of more tha	n 25% of it	s net ass	ets		
8	3 Num	per of voting members of the governing body (Part VI, line 1a)		 .	3	l	
es	1	per of independent voting members of the governing body (Part VI, line 1b)			4		
VIII.	J		EDULE	0)	5		
Ę.	6 Total	NEOLIVED			6		
٩					7a	·	
	10 10 (a)	unrelated business revenue from Part VIII, Tolumn (C), line 12 nrelated business taxable income from Fpm 990-T/10eT34(). 3 2013			7b		
	D Net L	nrelated business taxable income from Form 990-TURE 34(). 3 2013		dar Voor			rent Yea
			P1	rior Year		 	
e e	8 Cont	ributions and grants (Part VIII, line 1h)				 	936,
ē	_						,710,
Revenue		tment income (Part VIII, column (A), lines 3, 4, and 7d)					27,
_	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			(<u> </u>	
	12 Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				255	,674,
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)			(235	,715 <u>,</u>
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)			()	
s		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)			()	745,
ıse	16a Profe	essional fundraising fees (Part IX, column (A), line 11e)			()	
Expenses	b Total	fundraising expenses (Part IX, column (D), line 25) ▶N/A	X	A	74 AL	1335	V . NV / 1978
ũ	17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			(,248,
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		•••			,708,
							,965,
<u>_ u</u>	19 Reve	nue less expenses Subtract line 18 from line 12	Beginning	of Cuero			d of Year
ssets or			Beginning	OI Cuite			
캶	20 Tota	assets (Part X, line 16)					,256,
Net As: Fund Ba	21 Tota	liabilities (Part X, line 26)				1	290.
		ssets or fund balances Subtract line 21 from line 20			() 17	<u>,965,</u>
		gnature Block					
		of perjury, I declare that I have examined this return, including accompanying schedules and statements iplete Declaration of preparer (other than officer) is based on all information of which preparer has any		best of n	y know	rledge and I	oelief, it is
COI	neu, and con	phete Declaration of preparer (other than officer) is based on as mid-mation of which preparer has any	Kilowiedge			- 17	
		War we		7	-/5	- 15	
Sig	. , ,	Signature of officer		Date			
He	re	Wayne Gable - Chairman					
		Type or print name and title					
	Pnn	/Type preparer's name Preparer's signature Date	·	Check	ıf	PTIN	
Paid		chael J. Engle M. C. C. 09/16	/2013	self-emp			48283
Pre	parer		1.	<u> </u>			
Jse	only	'sname ▶ BKD, LLP		n's EIN		-01602	
		's address > 910 E ST LOUIS STREET, SUITE 400 SPPINGFIELD, MO 659C6-2523	Ph	one no	81	6-221-	6300
o la	v the IRS d	scuss this return with the preparer shown above? (see instructions)				[X]	res

V 11-6.5

JSA 1E1010 1 000

120-0096939-0077672

) (Revenue \$

including grants of \$

4e Total program service expenses ▶

(Expenses \$

Part	Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
•	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
		10	. 2/300	Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			3.3
	VII, VIII, IX, or X as applicable		38	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		.,	
_	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			١,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u></u> .	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			T -
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
. 3	If "Yes," complete Schedule G, Part III	19		х
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
	" 100 to mio zoa, die mo organization attach a copy of its addited infaticial statements to this retail.			

Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?, 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 Χ 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35 a b 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," complete Schedule R, Part V, line 2 Χ 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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45-3732750

	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	· · · ·	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	w -x		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	ائے۔ا	de .	
	reportable gaming (gambling) winnings to prize winners?	1 c	antidi it u tilbuma	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	101	#	沙净
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		1	1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Г
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country ▶	2.40	e≯. ÿX	* .
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	لمنشف		د مد
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a	Х	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
,	Organizations that may receive deductible contributions under section 170(c).	14,72	** **	\$
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		200	Į.
	and services provided to the payor?	7a		L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>. Salat</u>	4	<u>,</u> ;
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		╙
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u></u> _	L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	-
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		4	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1 2 L	<u> </u>	
	organization, have excess business holdings at any time during the year?	8	2.	╀
)	Sponsoring organizations maintaining donor advised funds.	<u> </u>	Lie.	
	Did the organization make any taxable distributions under section 4966?	9 a		┼
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
)	Section 501(c)(7) organizations. Enter	, 43 🎉		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- ** **	1.0	∤ ‰
	Section 501(c)(12) organizations. Enter		3	1 3/
	Gross income from members or shareholders	1 1/2	^^.	1
þ	Gross income from other sources (Do not net amounts due or paid to other sources	*	/ ¥	*
	against amounts due or received from them)	42-	4.2	- 2006
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	╁
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	╬	* 1	(,,,
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		┼╌
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		╁
	Note. See the instructions for additional information the organization must report on Schedule O	•		*
b	Enter the amount of reserves the organization is required to maintain by the states in which	*	∅	*
	the organization is licensed to issue qualified health plans	-{		1
	Enter the amount of reserves on hand	***	S. 8S.	ex'
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+
			1	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	-		
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	İ		
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	Χ	
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				:
	the year by the following	8a	Х	
a	The governing body?	8b		X
ь	Each committee with authority to act on behalf of the governing body?	ŲD.		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
Seci	ION B. Policies This Section B requests information about policies not required by the internal Nevertus	0000	Yes	No
	~ · · · · · · · · · · · · · · · · · · ·	10a		Х
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	\vdash
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42-	x	
12a		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	40.	x	
	rise to conflicts?	12b	Α_	├ ──
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	├
14	Did the organization have a written document retention and destruction policy?	14	^_	├─
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official *See Schedule O for detail	<u>15a</u>		X *
b	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u></u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	. .		- -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)	(3)s c	nly)
	available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest	policy.
	and financial statements available to the public during the tax year	_		•
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
20	organization ▶ RICHARD RIBBENTROP 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201-3324 571-384-5811			
JSA		Form	990	(2011)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	_
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) WAYNE GABLE DIRECTOR	5.00	Х		X				(0		0
(2) RICHARD RIBBENTROP EXECUTIVE DIRECTOR	40.00			х				(0		_0
(3)							_				_
(4)	_										_
(5)											_
(6)			,								_
(7)											_
(8)											_
(9)											_
											_
_(11)											_
(12)						_					_
(13)											_
_(14)											_

Form 990 (2011)

Form 990 (2011)	

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	уе	es, a	and F	ligi	nest Compensat	ed Employe	es (coi	ntınued)
(A) Name and title	le Average Position Repo hours per (do not check more than one week box, unless person is both an (describe officer and a director/trustee)		(D) Reportable compensation from the	portable Reportable compensation related		(F) Estimated amount of other compensation					
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		from the organization and related organizations
	[]]		ı								
				-							
	-										
	_										
			<u> </u>								
									-		
		-									
1b Sub-total										0	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						>			0	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	those					0 [6	eceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater thar	n \$1:	50,0	000	? //	"Ye	s, "	complete Schedu	ule J for su	he <i>ich</i> • •	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Complete this table for your five highest compensation from the organization Report of year	npensated compensat	indep	end r the	ent e ca	con	tracto	ors ear	that received mor ending with or wit	e than \$100, hin the organ	000 of	's tax
(A) Name and business ad	dress							(B) Description of s	ervices	Co	(C) ompensation
							+				
							+				
2 Total number of independent contractors (i	ncluding b	ut no	ot lir	mite	ed t	o tho	se	listed above) who	received *	*	
more than \$100,000 in compensation from the						0			`	*,	Form 990 (201
9088FA K917		V	11	. - 6	.5			120-0096	939-00776	72	, 5 555 (20)

Par	t VIII	Statement of Rever	nue					_
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	1 1					
S, E	С	Fundraising events	1 . 1			2x		('*
탈필	d	Related organizations)			₹ 5.° /°° \$
Si ji	8	Government grants (contribut	1 . 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * *
ë ë	f	All other contributions, gifts, gran	· 1 1					*** *** *** **
들	•	and similar amounts not included	امما	936,673				2 1 X 1 2
E S	a	Noncash contributions included in		•				
Q g	h	Total. Add lines 1a-1f			936,673	***************************************		
e e				Business Code		2.5.648		
Service Revenue	2a	MEMBERSHIP DUES		900099	148,910,029	148,910,029		
8	b	SA FUND		900099	105,800,000	105,800,000		
5								
Ser	4	-						_
	ء ا							
Program	f	All other program service rev	enue					
Pro	g	Total. Add lines 2a-2f			254,710,029	· A . A . A . A . A . A . A . A . A . A	4.4 5.25.	
	3	Investment income (includin						
	-	other similar amounts)			_30,018			30,018
	4	Income from investment of t			0			
	5	Royalties		_	0			
	_	,	(ı) Real	(II) Personal				100
	6a	Gross rents					100	
	ь	Less rental expenses						
	C	Rental income or (loss)	1				70111	
	d	Net rental income or (loss).			. 0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	′°	assets other than inventory	359,200					
	b	Less cost or other basis						
		and sales expenses	361,702.	<u>-</u>				
	c	Gain or (loss)	-2,502			<u> </u>		
	d	Net gain or (loss)		<u> ▶</u>	-2,502			-2,502
nue	8a	Gross income from fundra	aising					
Ę	!	events (not including \$						
Š		of contributions reported on	line 1c)		Michael Value			
~		See Part IV, line 18	а					
Other Revel	b	Less direct expenses	b		<u> </u>	- 4	<u> </u>	
ŏ	С	Net income or (loss) from ful	ndraising events	. <u></u>	0		80 May 23 4 2	8 20 m (200) C O O O
	9a	Gross income from gaming a			2			
		See Part IV, line 19	а					
	b	Less direct expenses						: <u> </u>
	C	Net income or (loss) from ga	aming activities.	. <u></u> ▶	,)	r	1 2 2 3
	10a				2 3	* 1 4	* * * A, * .	1 * * *
		returns and allowances				6 4 4 h .		
	b	Less cost of goods sold			 	- }	<u> </u>	\ <u></u>
	<u> </u>	Net income or (loss) from sa			<u> </u>		,	
		Miscellaneous Rever	iue	Business Code	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	11a				 	<u> </u>	 	
	ь				 	 	 	<u> </u>
	C				 		 	
	d	All other revenue		L	 	-	 	<u> </u>
	е	Total. Add lines 11a-11d .			1		:	> -&
	12	Total revenue. See instruction	nns		255, 674, 218	254.710.029.	.1	27.516

Form **990** (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States See Part IV, line 21 .	235,715,250.						
2	Grants and other assistance to individuals in			,				
	the United States See Part IV, line 22	0						
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,							
	trustees, and key employees	245,502.						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and	1						
	persons described in section 4958(c)(3)(B)	0						
7	Other salanes and wages	433,805.			 			
8	Pension plan accruals and contributions (include section	C 210						
_	401(k) and 403(b) employer contributions)	6,219.		-	 			
9	Other employee benefits	24,565. 35,125.			-			
10	Payroll taxes	35,125.						
11	Fees for services (non-employees)	o						
	Management	743,577.		<u> </u>	<u> </u>			
	Legal	743,377.	-	 				
	Accounting	0						
	Lobbying	0						
	Investment management fees	0			<u> </u>			
	Other	342,664.						
12	Advertising and promotion	0						
13	Office expenses	32,610.						
14	Information technology	12,399.						
15	Royalties	0						
16	Occupancy	39,805.						
17	Travel	56,587.						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	3,568.						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	5,261.	·					
23	Insurance	9,088.						
24	Other expenses Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule (A)	2 202						
_	LICENSE FEES	2,392. 420.						
	MEMBERSHIPS & DUES	420.		-				
				 	 			
	All other expenses		· · · · · · · · · · · · · · · · · · ·		 			
	All other expenses Total functional expenses. Add lines 1_through 24e	237,708,837.			 			
26		23.,.00,037.						
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if							
	following SOP 98-2 (ASC 958-720)	o						
		·						

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art X	Balance Sheet	"	(A)	/b)
			(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing		0 1	12,052,306.
2	Savings and temporary cash investments	<u>.</u>	0 2	6,040,318.
3	Pledges and grants receivable, net		0 3	
4	Accounts receivable, net	<i>.</i> <u>.</u> _	0 4	(
5	Receivables from current and former officers, dir	ectors, trustees, key		
-	employees, and highest compensated employees	Complete Part II of		
6	Schedule L Receivables from other disqualified persons (as di 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section employees' beneficiary organizations (see instructions	(B), and contributing 1 501(c)(9) voluntary)	O 5	
7	Notes and loans receivable, net		0 7	
2 8	Inventories for sale or use	<u>.</u> _	0 8	
9	Prepaid expenses and deferred charges	. ,	0 9	16,829
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10			
b	Less accumulated depreciation	5,261.	<u> </u>	
11	Investments - publicly traded securities		0 1	
12	Investments - other securities See Part IV, line 11		0 12	
13	Investments - program-related See Part IV, line 11		0 1:	
14	Intangible assets		0 14	
15	Other assets See Part IV, line 11		0 1:	
16	Total assets. Add lines 1 through 15 (must equal line		Q 10	
17	Accounts payable and accrued expenses		0 11	
18	Grants payable		0 18	
19	Deferred revenue		0 19	
20	Tax-exempt bond liabilities	<i></i>	0 20	
ชู 21	Escrow or custodial account liability Complete Pa	art IV of Schedule D	0 2	<u> </u>
21 22	Payables to current and former officers, dire	ctors, trustees, key		
<u> </u>	employees, highest compensated employees, and			
-	Complete Part II of Schedule L		0 2:	2
23	Secured mortgages and notes payable to unrelated the	nird parties	0 2	
24	Unsecured notes and loans payable to unrelated third	parties	0 2	4
25	Other liabilities (including federal income tax, payable			
	parties, and other liabilities not included on lines 17-2	4) Complete Part X		
	of Schedule D		0 2	
26	Total liabilities. Add lines 17 through 25		0 2	290,957
Se l	Organizations that follow SFAS 117, check here ► lines 27 through 29, and lines 33 and 34.	X and complete		
27	Unrestricted net assets		0 2	7 17,965,381
28	Temporarily restricted net assets		0 2	
29	Permanently restricted net assets	<u></u>	0 2	9
27 28 29 30 31 32 33 33 33 33 33 33 33	Organizations that do not follow SFAS 117, check to complete lines 30 through 34.	nere ▶ and		
2 30	Capital stock or trust principal, or current funds		3	o
g 31	Paid-in or capital surplus, or land, building, or equipm	ent fund	3	1
₹ 32	Retained earnings, endowment, accumulated income		3	2
33	Total net assets or fund balances		0 3	3 17,965,381
	Total liabilities and net assets/fund balances		0 3	

Form **990** (2011)

For	n 990 (2011)			Pá	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. 🗆	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	255,	674,	218.
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,	708,8	837.
3	Revenue less expenses Subtract line 2 from line 1	3	17,	965,	381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			
			<u>17,</u>	965,	381 <u>.</u>
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			. [
1	Accounting method used to prepare the Form 990 CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex			Tes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		
þ			21	,	X
C					
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?	20	<u>: </u>	X
	If the organization changed either its oversight process or selection process during the tax year, e.	xplaın	ın		
	Schedule O				
d	The to the same and the same to the same t	ear we	e		1
	issued on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		1
	the Single Audit Act and OMB Circular A-133?		3	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31) <u> </u>	

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	to Form 990, Part IV, line 5 (Proxy Tax	x) or Form 990-EZ, Part	t V, line 35c (Proxy Tax), th	en
 Section 501(c)(4), (5), or (6) org Name of organization 	anizations Complete Part III		Employer identif	ication number
•	ED OF COMMEDCE INC		45-373	
FREEDOM PARTNERS CHAMBE Part I-A Complete if the o	rganization is exempt under s	ection 501(c) or is		
				ization.
1 Provide a description of the	organization's direct and indirect p	olitical campaign ac	uvides in Part IV	
2 Political expenditures			▶ Ψ	_
3 Volunteer nours				
Part I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1 Enter the amount of any exc	cise tax incurred by the organization	n under section 4955	5 ▶ \$	
2 Enter the amount of any exc	cise tax incurred by organization ma	anagers under section	on 4955 🕨 \$	
3 If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the o	rganization is exempt under s	section 501(c), ex	cept section 501(c)(3)	
1 Enter the amount directly e	expended by the filing organization	for section 527 ex	empt function	
activities				
2 Enter the amount of the filir	ng organization's funds contributed	to other organization	ons for section	
527 exempt function activiti	es		▶ \$	
	enditures Add lines 1 and 2 Ent			
line 17b			▶ \$	
4 Did the filing organization file	e Form 1120-POL for this year?			Yes No
5 Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
organization made payment	ts. For each organization listed, en	ter the amount paid	I from the filing organiz	zation's funds. Also enter
the amount of political con-	tributions received that were prom	ptly and directly de	livered to a separate po	olitical organization, such
as a separate segregated fu	nd or a political action committee	(PAC) If additional s	pace is needed, provide	information in Part IV
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and promptly and directly
			funds If none, enter -0-	delivered to a separate
				political organization If
				none, enter -0-
(1)				
(2)				
(3)	ļ			
(4)				
(5)		-		
(6)		1		
For Panerwork Reduction Act Notice se	the instructions for Form 990 or 990-EZ.		Schedul	e C (Form 990 or 990-EZ) 2011

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

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011

sponse to lines 1a through 1i below, provide in Part IV a detailed description trivity ear, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or through the use of management (include compensation in expenses reported on lines 1c through 1i)? Itisements? Inembers, legislators, or the public? Iner organizations for lobbying purposes? Incited with legislators, their staffs, government officials, or a legislative body? Inembers in line 1 cause the organization to be not described in section 501(c)(3)? In the amount of any tax incurred under section 4912 In the amount of any tax incurred by organization managers under section 4912 Inganization incurred a section 4912 tax, did it file Form 4720 for this year?		No No		(b	_	
ear, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or through the use of management (include compensation in expenses reported on lines 1c through 1i)? Itisements? Inembers, legislators, or the public? Inembers, legislators, or the public? Inembers, legislators for lobbying purposes? It with legislators, their staffs, government officials, or a legislative body? Instrations, seminars, conventions, speeches, lectures, or any similar means? Instrations in line 1 cause the organization to be not described in section 501(c)(3)? In the amount of any tax incurred under section 4912 In the amount of any tax incurred by organization managers under section 4912 Inganization incurred a section 4912 tax, did it file Form 4720 for this year?		No		Amo	ount	
management (include compensation in expenses reported on lines 1c through 1i)? tissements? members, legislators, or the public? or published or broadcast statements? ter organizations for lobbying purposes? ot with legislators, their staffs, government officials, or a legislative body? onstrations, seminars, conventions, speeches, lectures, or any similar means? tes? tes 1c through 1i titles in line 1 cause the organization to be not described in section 501(c)(3)? or the amount of any tax incurred under section 4912 or the amount of any tax incurred by organization managers under section 4912 organization incurred a section 4912 tax, did it file Form 4720 for this year?						
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nembers, legislators, or the public? or published or broadcast statements? her organizations for lobbying purposes? or with legislators, their staffs, government officials, or a legislative body? onstrations, seminars, conventions, speeches, lectures, or any similar means? hes? hes 1c through 1i hities in line 1 cause the organization to be not described in section 501(c)(3)? or the amount of any tax incurred under section 4912 or the amount of any tax incurred by organization managers under section 4912 organization incurred a section 4912 tax, did it file Form 4720 for this year?						
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r the amount of any tax incurred by organization managers under section 4912 rganization incurred a section 4912 tax, did it file Form 4720 for this year?						
rganization incurred a section 4912 tax, did it file Form 4720 for this year?	1 1	 				
		-				
nplete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	ectio			
(c)(6).	(-/(-/	,				
					Yes	N
				1		>
				2	X	_
					Ь—	Χ
(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" wered "Yes."	OR (E) Part	t III-A		3, is	
			1			
enses for which the section 527(f) tax was paid).						
			$\neg \neg$			
		• • • }				
·	-	–	3			
	000,	' ⁹	4			
		: : :	5			_
				-		
	5, Pa	ert II-A,	and	Part II-	B line	•
a a a n 1 S S 2 o r c a l c s l o p	antially all (90% or more) dues received nondeductible by members? anization make only in-house lobbying expenditures of \$2,000 or less? anization agree to carry over lobbying and political expenditures from the prior year? mplete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" swered "Yes." sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts for which the section 527(f) tax was paid). r	antially all (90% or more) dues received nondeductible by members? anization make only in-house lobbying expenditures of \$2,000 or less? anization agree to carry over lobbying and political expenditures from the prior year? mplete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (to swered "Yes." sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts beness for which the section 527(f) tax was paid). If the section of the section agree to carryover to the reasonable estimate of nondeductible lobbying lexpenditure next year? Sound of lobbying and political expenditures (see instructions) purplemental Information Intro provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-C,	antially all (90% or more) dues received nondeductible by members? anization make only in-house lobbying expenditures of \$2,000 or less? anization agree to carry over lobbying and political expenditures from the prior year? Implete if the organization is exempt under section 501(c)(4), section 501(c)(5), or set (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part swered "Yes." Is ments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of benses for which the section 527(f) tax was paid). If the companization is exempt and the amount on line 2c exceeds the amount on line 3, what portion of the set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) If to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-	antially all (90% or more) dues received nondeductible by members? anization make only in-house lobbying expenditures of \$2,000 or less? anization agree to carry over lobbying and political expenditures from the prior year? Implete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A swered "Yes." Is sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of beness for which the section 527(f) tax was paid). If you have a section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the set he organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) If expenditure next year? Ount of lobbying and political expenditures (see instructions) If to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and line are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and III-A are the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C,	antially all (90% or more) dues received nondeductible by members? anzization make only in-house lobbying expenditures of \$2,000 or less? anzization agree to carry over lobbying and political expenditures from the prior year? 3 mplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines wered "Yes." sments and similar amounts from members 2(e) nondeductible lobbying and political expenditures (do not include amounts of benses for which the section 527(f) tax was paid). amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying lexpenditure next year? 4 count of lobbying and political expenditures (see instructions) 5 pplemental Information art to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-A	antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible by members? antially all (90% or more) dues received nondeductible section 527 (s), or section 12

Schedule C (Form 990 or 990-EZ) 2011

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732750 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

9088FA K917

Pag	le

	ule D (Form 990) 2011			-							Page 2
Par	t III Organizations Maintainin	g Collect	ions of A	rt, Hist	orical Tr	easures	s, or Othe	r Similar As	sets (c	continued)	
3	Using the organization's acquisition collection items (check all that apply		on, and ot	her rec	ords, chec	k any o	f the follo	wing that are	a sign	nificant use	of its
а	Public exhibition			d [Lo	an or ex	change pro	grams			
b	Scholarly research			е [Otl	ner			_		
С	Preservation for future ger			_							
4	Provide a description of the organi	zation's co	ollections	and exp	lain how	they fur	ther the o	rganization's	exemp	t purpose in	Part
5	During the year, did the organization	solicit or	receive do	nations	of art. his	torical tr	easures, o	r other sımılar	r		
	assets to be sold to raise funds rathe								_	Yes	No
Par	LIV Escrow and Custodial Ar line 9, or reported an am					nization	answere	d "Yes" to Fe	orm 99	0, Part IV,	
1 a	Is the organization an agent, trustee	, custodiar	n or other	ınterme	diary for c	ontributi	ons or oth	er assets not	_		
	included on Form 990, Part X?								• • • [Yes] No
b	If "Yes," explain the arrangement in	Part XIV aı	nd comple	te the fo	ollowing ta	ble		<u>-</u>			
						,		Am	ount		
	Beginning balance										
	Additions during the year										
	Distributions during the year						_				
	Ending balance										
	Did the organization include an amo		rm 990, P	art X, lin	e 217			• • • • • •	L	Yes	No
_	If "Yes," explain the arrangement in			4:		!!\/~ =!' A	- Farm 0	OO Dort IV I	10		
Par	t V Endowment Funds. Com	(a) Curre					o years back			(e) Four year	- hack
1 a	Beginning of year balance	(a) Currel	t year	(B) P	rior year	(C) IW	years back	(d) Three yea	irs back	(e) Four years	B DACK
	Contributions							_		-	
	Net investment earnings, gains,					-		- 			
·	and losses										
d	Grants or scholarships					 	<u></u>				
	Other expenditures for facilities .				<u> </u>	+		- 			
-	and programs										
f	Administrative expenses				-	 					
	End of year balance					 					
2	Provide the estimated percentage of	f the curre	nt vear en	d balan	ce (line 1c	ı. columr	(a)) held a			<u> </u>	
а	Board designated or quasi-endowm			%	(,	(-),				
b	Permanent endowment ▶	-	·	•							
С	Temporarily restricted endowment		%								
	The percentages in lines 2a, 2b, and	d 2c should	d equal 10	0%							
3a	Are there endowment funds not in t	he posses	sion of the	e organi	zation tha	are hel	d and adm	ninistered for th	ne		
	organization by									Yes	No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related orga	anizations l	listed as re	equired o	on Schedu	le R? .				3ь	<u></u>
4_	Describe in Part XIV the intended us										
Par	t VI Land, Buildings, and Equ	ipment, S	see Form	990, F	art X, line	<u> 10.</u>					
	Description of property		(a) Cost or o			or other ba		ccumulated preciation		d) Book value	
1 a	Land	⊢									
b	Buildings	-									
C	Leasehold improvements	_				30,9		711.			256.
ď	Equipment	<u> </u>			_	72,9	70.	4,550.		68,	<u>420.</u>
E Take	Other		and Fare	000 8-	m V calii-	n /D\ !:-	10/01			- 60	676
ota	II. Add lines 1a through 1e (Column	(u) must e	yuai rorm	ssu, ra	r A, COIUN	ııı (D), IIF	ie iu(c)).	<u> ▶ </u>	Scher	Jule D (Form 9	676.

	· FREEDOM PARTNE	ERS CHAMBE	R OF COM	MERCE, INC.	45-37	32750
	(Form 990) 2011	000 D	- V Inc. 40			Page 3
Part VII	Investments - Other Securities. See F				Mothed of voluntion	
	(a) Description of security or category (including name of security)	(b) Book	/aiue		Method of valuation r end-of-year market v	value
/1\ Einono		 				
	rial derrvatives					
(3) Other_ (A)						
<u>(/ /</u> /						
<u>(C)</u>		 		· <u> </u>		
<u>\</u> (D)		-				
<u>_</u> (E)						
(F)				<u> </u>		
(G)		-				
<u>\</u>						
\(\)		<u> </u>				
	mn (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII		orm 990, P	art X, line 1	3.		
	(a) Description of investment type	(b) Book		(c) Method of valuation	
	_			Cost	or end-of-year market	value
(1)						
(2)						
(3)						
(4)						
(5)				·		
(6)		ļ				
(7)						
(8)						
(9)						
(10)						
	mn (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. See Form 990, Part X, I				···	
	(a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
	mn (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. See Form 990, Part 1			· · · · · · · · · · · · · · · · · · ·		·
1.	(a) Description of liability		Book value		· ****	· * * * * * * * * * * * * * * * * * * *
	eral income taxes	- (B)			*	Wi.,
(2)	Graf modifie taxes				₹¢6	** >
(3)					3 M. J.	4 2
(4)					·	
(5)					100	
(6)				\$\tag{\frac{1}{2}}\tag{\frac{1}}\tag{\frac{1}{2}}\tag{\frac{1}{2}}\tag{\frac{1}{2}}\fr		, **; * * * * * * * * * * * * * * * * *
				_		<i>> ></i>

(7) (8) (9) (10) (10)
(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990)
9088FA K917

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120-0096939-0077672

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 5 6 Prior period adjustments Other (Describe in Part XIV) 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants C Other (Describe in Part XIV) 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities **b** Prior year adjustments c Other losses 2 c Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

9088FA K917

Part XIV Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 2011

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

Open to Public

	Revenue Service							
	the organization						Employer identificat	
	DOM PARTNERS CHAMBER OF COMMER						45-3732750	<u> </u>
Part	General Information on Grants and	Assistance						
th	oes the organization maintain records to sul e selection criteria used to award the grants escribe in Part IV the organization's procedi	or assistance	°			eligibility for the grants		X Yes No
Part	Grants and Other Assistance to G to Form 990, Part IV, line 21, for an Part II can be duplicated if additional	ny recipient	that received	more than \$5,00		ox if no one recipier		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AN	MERICAN COMMITMENT							
	ASHINGTON, DC 20062	45-2600535	501 (C) (4)	6,260,000				GENERAL SUPPORT
	ORNER TABLE LLC (CENTER TO PROTECT PATIENT							
	RIGHTS) WASHINGTON, DC 20091-1553	27-3639310	501(C)(4)	62,900,000				GENERAL_SUPPORT
(3) NA	TIONAL FEDERATION OF INDEPENDENT BUSINESS	1						
	ASHVILLE, TN 37214-3682	94-0707299	501 (C) (6)	1,500,000				GENERAL SUPPORT
_(4) NE	IB THE VOICE OF FREE ENTERPRISE, INC							_
	ASHVILLE, TN 37214-3682	27-3615830	501 (C) (4)	575,000				GENERAL SUPPORT
(5) Þ <i>j</i>	ARTNERSHIP FOR OHIO'S FUTURE				ļ —			
	OLUMBUS, OH 43215-0159	20-5456371	501 (C) (4)	500,000				GENERAL SUPPORT
_ (6) PE	-DIST LLC (AMERICANS FOR PROSPERITY)							
	ARLINGTON, VA 22201	27-3120702	501 (C) (4)	26,000,000				GENERAL SUPPORT
_(7) ų	S CHAMBER OF COMMERCE							
	ASHINGTON, DC 20062	53-0045720	501 (C) (6)	2,000,000				GENERAL SUPPORT
_(8) w	ST MICHIGAN POLICY FORUM							
	GRAND PAPIDS, MI 49503	27-4892968	501 (C) (4)	1,000,000				GENERAL SUPPORT
_(9) AM	MEPICAN ENERGY ALLIANCE	_						
	NASHINGTON, DC 20005	26-2731617	501(C)(4)	1,460,000	<u></u>			GENERAL SUPPORT
(10) A	MERICAN FUTURE FUND	╛					i	
	DES MOINES, IA 50312	26-0620554	501 (C) (4)	13,600,000	1			GENERAL SUPPORT
(11) AN	MERICAN VALJES ACTION							
	ARLINGTON, VA 22206	27-2299035	501(C)(4)	230,000				GENERAL SUPPORT
(12) gg	MMON SENSE ISSUES, INC							
	CINCINNATI, OH 45255-6117	20-8824036	501(C)(4)	50,000	<u></u>	l		GENERAL SUPPORT
3 E	nter total number of section 501(c)(3) and g nter total number of other organizations liste	ed in the line	1 table					
FOR Pa	sperwork Reduction Act Notice, see the in	structions fo	r Form 990.				Sched	lule I (Form 990) (2011)

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 2011 Open to Public Inspection

Schedule I (Form 990) (2011)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990

Employer Identification number Name of the organization 45-3732750 FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (a) Name and address of organization (e) Amount of non-cash assistance (h) Purpose of grant or assistance (b) EIN (1) CONCERNED WOMEN FOR AMERICA LEGISLATIVE ACTION COMMITTEE WASHINGTON, DC 20005 95-3370744 501(C)(4) GENERAL SUPPORT 8,150,000 (2) CORNER TABLE LLC (CENTER TO PROTECT PATIENT RIGHTS) WASHINGTON, DC 20091-1553 27-3639310 501(C)(4) 41,778,000 GENERAL SUPPORT (3) HERITAGE ACTION FOR AMERICA, INC WASHINGTON, DC 20002 27-2244700 B01(C)(4) 500,000 GENERAL SUPPORT (4) NATIONAL ASSOCIATION OF MANUFACTUREPS SENERAL SUPPORT WASHINGTON, DC 20001 13-1084330 b01(C)(6) 1,170,000 (5) NATIONAL RIFLE ASSOCIATION 53-0116130 501(C)(4) 3,465,000 ENERAL SUPPORT FAIRFAX, VA 22030 _(6) ORRA_LLC_(EVANGCH4_TRUST) 15-2663844 501 (C) (4) GENERAL SUPPORT WILMINGTON, DE 19807 (7) POFN_LLC (PUBLIC NOTICE) ARLINGTON, VA 22201 27-3348785 501(C)(4) 5,466,250 GENERAL SUPPORT (8) PR-DIST LLC (AMERICANS FOR PROSPERITY) SENERAL SUPPORT 7-3120702 ARLINGTON, VA 22201 501 (C) (4) 6,300,000 (9) REPUBLICAN JEWISH COALITION ENERAL SUPPORT 52-1386172 501(C)(4) 700,000 WASHINGTON, DC 20001 (10) RION LLC (CENTER FOR SHAPED SEPVICES TRUST) ARLINGTON, VA 22201 45-2663979 501 (C) (4) 2,738,000 GENERAL SUPPORT (11) SLAH LLC (PUBLIC ENGAGEMENT GROUP TRUST) ARLINGTON, VA 22216 45-2725570 501 (C) (4) 1,500,000 GENERAL SUPPORT (12) STATE TEA PARTY EXPRESS GENERAL SUPPORT WILLOWS, CA 95988 45-3200196 B01(C)(4) 600,000

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V 11-6 5

Enter total number of other organizations listed in the line 1 table _ . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

120-0096939-0077672

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

• Attach to Form 990.

Employer identification numbe Name of the organization 45-3732750 FREEDOM PARTNERS CHAMBER OF COMMERCE, INC Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (a) Name and address of organization (b) EIN (c) IRC section if applicable (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (1) STN LLC (THEMIS TRUST) ENERAL SUPPORT ALEXANDRIA, VA 22314-2840 27-3348027 501(C)(4) (2) TONA LLC (LIBRE INITIATIVE TRUST) MISSION, TX 78572 45-2725507 501(C)(4) 3,112,000 GENERAL SUPPORT (3) TEA PARTY PATRIOTS 27-0470227 501(C)(4) SENERAL SUPPORT 200,000 WOODSTOCK, GA 30189 (4) THE 60 PLUS ASSOCIATION, INC GENERAL SUPPORT 54-1564919 501(C)(4) 15,660,000 ALEXANDRIA, VA 22314 (5) TRGN LLC (GENERATION OPPORTUNITY) 27-3934434 501(C)(4) 5,040,000 GENERAL SUPPORT ARLINGTON, VA 22201_ (6) U S CHAMBER OF COMMERCE WASHINGTON, DC 20062 53-0045720 501(C)(6) 1,000,000 GENERAL SUPPORT (7) COPNER TABLE LLC (CENTER TO PROTECT PATIENT ENERAL SUPPORT RIGHTS) WASHINGTON, DC 20091-1553 27-3639310 B01(C)(4) 10,000,000 (8) NFIB RESEARCH FOUNDATION 04-3592337 501(C)(3) 300,000 ENERAL SUPPORT NASHVILLE, TN 37214-3682 _(9) NFIB SMALL BUSINESS LEGAL CENTER 62-1570449 501(C)(3) ENERAL SUPPORT NASHVILLE, TN 37214-3682 125,000 (10) THE NATIONAL RIGHT TO WORK COMMITTEE SPRINGFIELD, VA 22160 51-0147724 501(C)(4) 1,000,000 SENERAL SUPPORT (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) (2011) For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule I (Form 990) (2011)

Page 2

Part III	Grants and Other Assistance to Individe Part III can be duplicated if additional spa	uals in the Ur ce is needed	nited States. Co	mplete if the o	rganization answered "	Yes" on Form 990, Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
_1		-				
2						
_3						
_4						<u> </u>
_5			_			
6						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

TO SUPPORT THE ORGANIZATION'S MISSION, AS OUTLINED ABOVE, THE

ORGANIZATION PROVIDED ORGANIZATIONS WHOSE ACTIVITIES WOULD ADVANCE ITS

GOALS WITH GENERAL SUPPORT GRANTS WITHOUT ANY SPECIFIC OR PARTICULAR

PROJECT OR SIMILAR REQUIREMENTS. ALL GRANTS WERE MADE PURSUANT TO

SPECIFIC GRANT LETTER AGREEMENTS, WHICH INCLUDED PROHIBITIONS ON THE USE

OF THE GRANT FUNDS, FOR EXAMPLE, ACTIVITIES THAT WOULD VIOLATE FEDERAL,

STATE OR LOCAL LAWS, RULES OR REGULATIONS, OR THAT WOULD BE CONSIDERED

LOBBYING ACTIVITIES UNDER FEDERAL OR STATE LAW IN ADDITION, ALL GRANT

Schedule I (Form 990) (2011)

JSA 1E1504 2 000 9088FA K917 Schedule I (Form 990) (2011)

Page 2

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
	<u>.</u> .					
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7						

LETTER AGREEMENTS WERE MADE SUBJECT TO EXPRESS PROHIBITIONS OR PROTECTIONS AGAINST THE USE OF GRANT FUNDS FOR ELECTIONEERING PURPOSES THE GRANT LETTERS ALSO CONTAINED A REVIEW AND MONITORING PROCEDURE WHICH REQUIRES REPORTS ON THE USE OF THE GRANT FUNDS UPON REQUEST, AND RETURN

OF ANY FUNDS USED IN VIOLATION OF THE AGREEMENT.

Schedule I (Form 990) (2011)

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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047
2011
Open To Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

45-3732750

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests		<u> </u>				
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2.	61,673.	STOCK QUO	re	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential					-	
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory				 		
20	Drugs and medical supplies		· <u>-</u> -				
21	Taxidermy			 	-		
22	Historical artifacts						
23	Scientific specimens	(
24	Archeological artifacts						
25	Other ►()				+		
26	Other ►()				 		
27	Other ►()			· · · · · · · · · · · · · · · · · · ·	 		
28	Other ►() Number of Forms 8283 received	h. the era	n = at an during the tay ve	or for contributions for	 		
29	which the organization completed				29		
	which the organization completed	FUIII 0203,	rait iv, Dunee Acknowledg	gement		Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I, line	es 1-28 that		
	it must hold for at least three year						
	used for exempt purposes for the e					30a	x
h	If "Yes," describe the arrangement		,		}		1
31	Does the organization have a		tance policy that require	es the review of anvi	non-standard		
- •	contributions?					31	Х
32 a	Does the organization hire or us	e third part	les or related organization	ns to solicit, process, or s	sell noncash		
J = U	contributions?	-	-			32a	Х
h	If "Yes," describe in Part II						
	If the organization did not report a	n amount in	column (c) for a type of pro	operty for which column (a	ı) ıs checked.		
	describe in Part II		(-)	. ,	·		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

9088FA K917

Schedule M (Form 990) (2011)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Part II

Page 2

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number

45-3732750

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

THE ORGANIZATIONAL MISSION IS TO ADVANCE ITS MEMBERS' COMMON BUSINESS
INTERESTS BY ADVANCING THE PRINCIPLES OF FREE MARKETS AND A FREE SOCIETY.
THE ORGANIZATION WORKS TO EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE
BUSINESS AND ECONOMIC IMPACTS OF A BROAD RANGE OF POLICY ISSUES,
INCLUDING OVER-REGULATION, GOVERNMENT SPENDING, CRONYISM AND SPECIAL
INTEREST HANDOUTS. THE ORGANIZATION BELIEVES THAT BY UNITING AND
AMPLIFYING THE DIVERSE ENTREPRENEURIAL AND INNOVATIVE PERSPECTIVES OF ITS
MEMBERS, IT WILL IMPROVE BUSINESS CONDITIONS FOR ITS MEMBERS AND EXPAND
ECONOMIC OPPORTUNITY FOR ALL AMERICANS.

EMPLOYEES IN CALENDAR YEAR 2011

FORM 990, PART I, LINE 5

THE INSTRUCTIONS REQUIRE LISTING ONLY THOSE EMPLOYEES WHO RECEIVED A W-2 TAX FORM; FOR THIS START-UP YEAR, NO EMPLOYEE RECEIVED A 2011 W-2. THE ORGANIZATION HAS NOW GROWN TO NEARLY FIFTY EMPLOYEES.

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE ORGANIZATIONAL MISSION IS TO ADVANCE ITS MEMBERS' COMMON BUSINESS

INTERESTS BY ADVANCING THE PRINCIPLES OF FREE MARKETS AND A FREE SOCIETY.

THE ORGANIZATION WORKS TO EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE

BUSINESS AND ECONOMIC IMPACTS OF A BROAD RANGE OF POLICY ISSUES,

45-3732750

INCLUDING OVER-REGULATION, GOVERNMENT SPENDING, CRONYISM AND SPECIAL

INTEREST HANDOUTS. THE ORGANIZATION BELIEVES THAT BY UNITING AND

AMPLIFYING THE DIVERSE ENTREPRENEURIAL AND INNOVATIVE PERSPECTIVES OF ITS

MEMBERS, IT WILL IMPROVE BUSINESS CONDITIONS FOR ITS MEMBERS AND EXPAND

ECONOMIC OPPORTUNITY FOR ALL AMERICANS.

SIGNIFICANT PROGRAM SERVICES

FORM 990, PART III, LINE 2

IN RESPONSE TO A FORM 1024 FILED BY THE ORGANIZATION SHORTLY AFTER ITS INCORPORATION ON NOVEMBER 2, 2011, ON JANUARY 5, 2012 THE IRS ISSUED A FAVORABLE DETERMINATION LETTER UNDER CODE SECTION 501(C)(6). IN ITS FIRST YEAR OF EXISTENCE, THE ORGANIZATION RECEIVED AND EXPENDED SIGNIFICANTLY MORE REVENUE THAN WAS EXPECTED AND PROJECTED ON THE FORM 1024, BUT ITS PROGRAM SERVICES ARE CONSISTENT WITH THE DESCRIPTION PRESENTED THEREIN. THE ORGANIZATION EXPERIENCED GROWTH IN MEMBERSHIP BEYOND ORIGINAL PROJECTIONS, AND ANTICIPATES CONTINUED GROWTH. AS A RESULT OF EARLY FUNDING SUCCESS DURING FORMATIVE STAGES OF THE ORGANIZATION, MORE RESOURCES WERE SHIFTED TOWARD PROVIDING SERVICES THROUGH GENERAL SUPPORT GRANTS TO OTHER ORGANIZATIONS THAN HAD BEEN PROJECTED. NOW THAT THE ORGANIZATION HAS BUILT UP ITS CAPABILITIES AND STAFF - THE ORGANIZATION HAS GROWN TO NEARLY 50 EMPLOYEES - A GREATER PORTION OF FUTURE RESOURCES WILL BE USED TO EXPAND THE ORGANIZATION AND STRENGTHEN ITS CORE CAPABILITIES.

Employer identification number

45-3732750

MEMBERS

FORM 990, PART VI, SECTION A, LINE 6
THE ORGANIZATION HAS OVER 200 MEMBERS AND NO STOCKHOLDERS.

POWER TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7A VOTING MEMBERS HAVE THE POWER TO ELECT DIRECTORS.

DECISIONS RESERVED TO OR SUBJECT TO APPROVAL BY MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B

VOTING MEMBERS HAVE THE FOLLOWING POWERS: (A) TO AMEND THE BYLAWS AND THE

CERTIFICATE OF INCORPORATION; (B) TO APPOINT ADDITIONAL VOTING MEMBERS;

(C) TO DISSOLVE THE CORPORATION; AND (D) TO ELECT DIRECTORS AND TO REMOVE

DIRECTORS.

COMMITTEES

FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO SUCH COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A

FULL DRAFT OF THE 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED

TO INTERNAL MANAGEMENT AND OUTSIDE LEGAL COUNSEL FOR REVIEW. ALL

QUESTIONS ARE ADDRESSED AND ANY MODIFICATIONS ARE MADE, IF NECESSARY. THE

FINAL FORM 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO THE

Employer identification number

45-3732750

BOARD PRIOR TO FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

DIRECTORS, OFFICERS, AND EMPLOYEES ARE COVERED UNDER THE CONFLICT OF

INTEREST POLICY. OUTSIDE LEGAL COUNSEL MEETS PERIODICALLY TO REVIEW THE

POLICY AND ANY POTENTIAL CONFLICTS.

EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINES 15A & B

FOLLOWING THE INITIAL HIRES, THE ORGANIZATION ESTABLISHED THE FOLLOWING

COMPENSATION COMPLIANCE PROCEDURE: AS DEEMED NECESSARY, THE ORGANIZATION

MAY ENGAGE A HUMAN RESOURCES CONSULTING ORGANIZATION TO PERFORM A

COMPENSATION STUDY. THE CONSULTING ORGANIZATION WILL USE DATA FROM

COMPARABLE NON-PROFITS TO ESTABLISH A REASONABLE COMPENSATION LEVEL FOR

OFFICERS, AND EMPLOYEES. IN ADDITION, THE ORGANIZATION MAY OBTAIN

PROFESSIONAL OPINIONS OF COUNSEL AS TO WHETHER THE PROPOSED LEVELS OF

COMPENSATION WOULD BE COMPARABLE AND REFER MATERIAL TO AN INDEPENDENT

DECISION MAKER.

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.

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Employer identification number

45-3732750

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS FORM 990, PART VII, SECTION A THE ORGANIZATION DID NOT HAVE EMPLOYEES IN THE CALENDAR YEAR ENDING WITHIN THE ORGANIZATION'S TAX YEAR. IT DID NOT BEGIN HIRING EMPLOYEES UNTIL AFTER JANUARY 2012.

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

45-3732750

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete If the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37

► Attach to Form 990

► See separate instructions

To Form 990, Part IV, line 33, 34, 35, 36, or 37

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC

Employer identification number 45-3732750

OMB No 1545-0047

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part I (c) Legal domicile (state or foreign country) **(f)** (b) (e) End-of-year assets Direct c ct controlling entity Name address, and EIN of disregarded entity Primary activity (1) AMERICAN ENTREPRENEUR FUND LLC 45-3739538 FREEDOM PARTNERS ARLINGTON, VA 22201 885,316. 2200 WILSON BLVD STE 102-391 PROJECTS DΕ 0 CHAMBER OF COMMERCE (2) AMERICAN STRATEGIES GROUP LLC 2200 WILSON BLVD STE 102-391 45-5230496 PUBLIC AMERICAN ENTERPRISE VA 22301-3397 DE 0 97.714 ARLINGTON, OUTREACH GROUP LLC 45-5456929 (3) AMERICAN STRATEGIC INNOVATION LLC FREEDOM PARTNERS DE CHAMBER OF COMMERCE 2200 WILSON BLVD STE 102-391 ARLINGTON, 22201 RESEARCH (4) THE MIC LLC 2200 WILSON BLVD STE 102-391 46-1130419 FREEDOM PARTNERS ARLINGTON, RESEARCH DE 0 25,000. VA 22201 CHAMBER OF COMMERCE (5) AMERICAN ENTERPRISE GROUP LLC 2200 WILSON BLVD STE 102-391 45-5230162 FREEDOM PARTNERS ARLINGTON, VA 22201 MANAGEMENT DΕ 424,975. CHAMBER OF COMMERCE _(6)____

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II (g) Section 512(b)(13) controlled entity? (d) (b) Name address, and EIN of related organization Primary activity Legal domicile (state Public chanty status Direct controlling (if section 501(c)(3)) entity or foreign country) Yes No _(2)___ (3) (4) _(6) _(7) ______

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2011

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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispres	h) portorete atore?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	partner?		(k) Percentage ownership
· · ·					,			Yes	No		Yes	No	
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irt IV	Identification of Relate	ed Organization	s Taxable	as a Corporati	on or Trust (Cor	nplete if the orga	anization answer	ed "	Yes"	to Form 990,	Par	t IV,	
	(a) Name, address and EIN of		ated orga	(b) Primary activity	(c)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)		(f) are of t incomi	total Sh	(g) are of ear as		(h) Percentag ownersh
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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related unrelated excluded from tax under	Are all sec 501(organiz	partners tion c)(3)	(f) Share of total encome	(g) Share of end-of year assets	Disprop	h) cortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage own ership
			section 512-514)	Yes	No			Yes	No	(1 51111 1005)	Yes	No]
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Schedule R (Form 990) 2011

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Page 4

Schedule R (Form 990) 2011

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ASSOCIATION FOR

AMERICAN INNOVATION, INC.", CHANGING ITS NAME FROM "ASSOCIATION

FOR AMERICAN INNOVATION, INC." TO "FREEDOM PARTNERS CHAMBER OF

COMMERCE, INC.", FILED IN THIS OFFICE ON THE SIXTH DAY OF

SEPTEMBER, A.D. 2013, AT 4:12 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

5060727 8100

131063139

AUTHENTICATION: 0717687

DATE: 09-06-13

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 04:12 PM 09/06/2013 FILED 04:12 PM 09/06/2013 SRV 131063139 - 5060727 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION (NONSTOCK CORPORATION WITH VOTING MEMBERS)

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

FIRST: That at a meeting of the Board of Directors of the Association for American Innovation, Inc., resolutions were duly adopted setting forth a proposed amendment of the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the voting Members of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:

RESOLVED, that the Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered "I" so that, as amended, said Article shall be and read as follows:

ARTICLE I NAME

The name of the Corporation is Freedom Partners Chamber of Commerce, Inc. (hereinafter the "Corporation").

SECOND: That thereafter, pursuant to resolution of its Board of Directors, the voting Members of said corporation, in accordance with Sections 228(b) and 242(a)(1) and (b)(3) of the General Corporation Law of the State of Delaware and Article II, Sections 2(a) and 6 of the Organization's Bylaws, voted unanimously in favor of the amendment.

THIRD: That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 6th day of September, 2013.

By:	7		
Authorized Of	ficer		
Title: Pres. d	ent-		
Name: Marc		Swort	

• •

Form '8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, o	omplete o	nly Part I and check the	s box	X
	filing for an Additional (Not Automatic) 3-Mo				
Do not comp	lete Part II unless you have already been gran	nted an au	tomatic 3-month extens	ion on a previously fil	ed Form 8868
a corporation 8868 to req	ling (e-file). You can electronically file Form and required to file Form 990-T), or an addition uest an extension of time to file any of the	nal (not aut forms liste	tomatic) 3-month extensed in Part I wi	sion of time. You car th the exception of f	n electronically file Form Form 8870, Information
	Fransfers Associated With Certain Persona				
	For more details on the electronic filing of the				arities & Nonprolits
	tomatic 3-Month Extension of Time. On		_		1-4-
•	n required to file Form 990-T and requesting				
Part I only	• • • • • • • • • • • • • • • • • • • •			70044	
	porations (including 1120-C filers), partnersh	ıps, REMIC	is, and trusts must use F		
to file incom	Name of exempt organization or other filer, see in	-4			ying number, see instructions
Type or	Name of exempt organization or other filer, see in	structions	ļ		ication number (EIN) or
print	ASSOCIATION FOR AMERICAN INNO			X 45-37327	150
File by the due date for	Number, street, and room or suite no If a P O bo	x, see instru	ctions	Social security nu	umber (SSN)
filing your	2200 WILSON BLVD. STE 102-533				
return See Instructions	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
	ARLINGTON, VA 22201-3324		. <u>. </u>		
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)	0 1
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01	Form 990-T (corporate	ion)	07
Form 990-BI		02	Form 1041-A		08
Form 990-E2		01	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
	s are in the care of WAYNE GABLE				
	e No ▶ 843 801-1400		FAX No ▶	 	
	anization does not have an office or place of				
	or a Group Return, enter the organization's fo				
	e group, check this box ▶ 🛄 📗		art of the group, check t	his box ▶	and attach
	e names and EINs of all members the extens				
until	est an automatic 3-month (6 months for a cor $06/15$, $20 \frac{13}{}$, to file the				above The extension is
	organization's return for				
▶	calendar year 20 or				
$\triangleright [X]$	tax year beginning 11/0	<u>1</u> , 20 <u>1</u>	$^{ m l}$, and ending	10/31	_, 20 <u>12</u>
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, che	ck reason X Initial re	eturn Fınal ret	urn
3a If this	application is for Form 990-BL, 990-PF, 99	00-T 4720	or 6069 enter the	tentative tax loss or	nv I
nonref	undable credits See instructions				3a \$
	application is for Form 990-PF, 990-T,	-	•		i I
	ted tax payments made Include any prior yea				3b \$
	e due. Subtract line 3b from line 3a Include		ent with this form, if re	quired, by using EFTF	1 1
	onic Federal Tax Payment System) See instru				3c \$
Caution. If y	you are going to make an electronic fund v	withdrawai	with this Form 8868,	see Form 8453-EO	and Form 8879-EO for
payment ins	tructions				

Form'8868 (R	ev 1-2012)				Page 2
If you are	e filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	and check this box	▶ X
Note. Only	complete Part II if you have already been grain	nted an aut	tomatic 3-month extension	on a previously filed Form 8868	
	e filing for an Automatic 3-Month Extension, c				
Part II	Additional (Not Automatic) 3-Month Ex			inal (no copies needed)	
	Enter filer's identifying number, see instruct				
	Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or	
Type or	e or				
print	ASSOCIATION FOR AMERICAN INNO	ON FOR AMERICAN INNOVATION, INC.		X 45-3732750	
	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN))
File by the due date for	2200 WILSON BLVD. STE 102-533				
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
return See instructions	ARLINGTON, VA 22201-3324				
Enter the R	Return code for the return that this application is for (file a separate application for each return)				. 01
Application		Return			Return
ls For		Code	Is For		Code
Form 990		01	**************************************		73/
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		01	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
	ks are in the care of ▶ WAYNE GABLE	<u> </u>			
Telephone No ▶ 843 801-1400 FAX No ▶					
• If the organization does not have an office or place of business in the United States, check this box					
-	for a Group Return, enter the organization's fo				is is
	ole group, check this box				
	e names and EINs of all members the extension		от што д . с с р , с с		
	uest an additional 3-month extension of time u			09/15 , 20 13	
	For calendar year, or other tax year beginning11/01 , 20 11 , and ending10/31 , 20 12				
	If the tax year entered in line 5 is for less than 12 months, check reason X Initial return Final return				
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE					
INFORMATION NECESSARY TO FILE A COMPLETE AND 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					
	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					
	unt paid previously with Form 8868				
	nce Due. Subtract line 8b from line 8a Include	ent with this form, if requi			
(Electronic Federal Tax Payment System) See instructions 86					
	Signature and Verific		st be completed for F		
Under nenalti	es of perjury, I declare that I have examined this form,		•	-	ige and belief.
	ect, and complete, and that I am authorized to prepare this for	_	January Control of the Control of th	()	
Signature ▶			Title ►	Date ▶	
				Form 8868	(Rev 1-2012)