

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



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change 13-4330939 THE FREEDOM BANK FOUNDATION INC Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/surte initial return 10555 MAIN STREET, SUITE 100 703-242-5300 Terminated City or town, state or country, and ZIP + 4 F Group Exemption FAIRFAX, VA 22030 Number ► N/A X Cash Accrual H Check X if the organization is not Accounting Method: Other (specify) Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 4947(a)(1) or [501(c) () **◄**(insert no.) _ 527 (Form 990, 990-EZ, or 990-PF). Check \(\bigcup X \) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) 6c c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line to from line 7a) 7c Ŵ APR 1 2 2013 8 Other revenue (describe in Schedule 0) 8 SCANNED APR 2 g Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 569. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping ... 15 SEE SCHEDULE O 3,350. 16 Other expenses (describe in Schedule O) 16 3,919. 17 17 Total expenses. Add lines 10 through 16 <3,919.>Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 1.9 4.771. (must agree with end-of-year figure reported on prior year's return) 19 852. Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

232171

	n 990-EZ (2012) THE FREEDOM BANK FOUNDATI	ON INC		<u> 13-</u>	<u>43309</u>	39 Page 2
P	Balance Sheets (see the instructions for Part II)					·
	Check if the organization used Schedule O to res	pond to any quest				<u></u> <u>L.</u>
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		4,771	_		852.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		4,771			852.
26	Total llabilities (describe in Schedule O)		4 221	26		050
27			4,771			852.
	Statement of Program Service Accomplishmer					kpenses for section
	Check if the organization used Schedule O to res		ion in this Part II	I A	501(c)(3)	and 501(c)(4)
	t is the organization's primary exempt purpose? SEE SCHEDULE O					ons and section) trusts, optional
	ribe the organization's program service accomplishments for each of its three largest program s ier, describe the services provided, the number of persons benefited, and other relevant inform		ises. In a clear and concise		for others) (105t5, optional .)
	DONATIONS WERE MADE TO VARIOUS LOCA		AND LOCAL		1	<u> </u>
	CHAPTERS OF NATIONAL CHARITIES.	L CHARTITED	AND HOURE	 i		
	omit i bab of Milionial omiti i bo.					
	(Grants \$) If this amount includes foreign g	rante check here		<u> </u>	282	3,350.
29	The amount molecus foreign g	iaits, check hele			200	
			 	_		
				_		
	(Grants \$) If this amount includes foreign g	rants, check here		T	29a	
30	The state of the s					
						
	(Grants \$) If this amount includes foreign g	rants, check here			30a	•
	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u> ▶		31a	
32	Total program service expenses (add lines 28a through 31a)			▶ _	32	3,350.
P	List of Officers, Directors, Trustees, and Key E	mployees List each one	e even if not compensated. (nstructions f	
P	Check if the organization used Schedule O to res	mployees List each one	e even if not compensated. (nstructions f	
Pa	Check if the organization used Schedule O to res	mployees List each one pond to any quest (b) Average hours	e even if not compensated. (ion in this Part IV	(d) Hea	nstructions f	(e) Estimated
- P	List of Officers, Directors, Trustees, and Key E	pond to any quest (b) Average hours per week devoted to	e even if not compensated. (ion in this Part IV. (C) Reportable compensation (Forms W-2/1099-MISC)	(t) Her contri emplo plans, s	nstructions f	(e) Estimated amount of other
	Check if the organization used Schedule O to res (a) Name and title	mployees List each one pond to any quest (b) Average hours	e even if not compensated. (ion in this Part IV (C) Reportable compensation (Forms	(t) Her contri emplo plans, s	nstructions f	(e) Estimated
CR	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL	mployees List each one pond to any quest (b) Average hours per week devoted to position	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(t) Her contri emplo plans, s	nstructions for the state of th	(e) Estimated amount of other compensation
CR PR	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT	pond to any quest (b) Average hours per week devoted to	e even if not compensated. (ion in this Part IV. (C) Reportable compensation (Forms W-2/1099-MISC)	(t) Her contri emplo plans, s	nstructions f	(e) Estimated amount of other
CR PR MI	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA	mployees List each one pond to any quest (b) Average hours per week devoted to position	e even if not compensated. (ion in this Part IV (ii) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(t) Her contri emplo plans, s	nstructions final particular filtre in the state of the s	(e) Estimated amount of other compensation
CR PR MI	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA	mployees List each one pond to any quest (b) Average hours per week devoted to position	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(t) Her contri emplo plans, s	nstructions for the state of th	(e) Estimated amount of other compensation
CR PR MI VI KA	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00	e even if not compensated. (ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(t) Her contri emplo plans, s	nstructions final benefits, butions to yee benefit pensation O •	(a) Estimated amount of other compensation
CRMIVATE	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER	mployees List each one pond to any quest (b) Average hours per week devoted to position	e even if not compensated. (ion in this Part IV (ii) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(t) Her contri emplo plans, s	nstructions final particular filtre in the state of the s	(e) Estimated amount of other compensation
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00	e even if not compensated. (ion in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(t) Her contri emplo plans, s	nstructions final benefits, butions to yee benefit pensation O •	(a) Estimated amount of other compensation
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CREMIVA	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CREMIVA	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CREMIVA	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CREMIVA	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation O .
CR PRIVING TRO	Check if the organization used Schedule O to res (a) Name and title AIG S. UNDERHILL ESIDENT CHAEL A. MIRANDA CE PRESIDENT AND SECRETA RIN M. JOHNS EASURER HN T. ROHRBACK	mployees List each one pond to any quest (b) Average hours per week devoted to position 1.00 1.00	e even if not compensated. (ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	(t) Her contri emplo plans, s	natructions final the property of the property	(e) Estimated amount of other compensation O .

<u>Forr</u>	n 990-EZ (2012) THE FREEDOM BANK FOUNDATION INC 13-4330	939		Page 3
P	Other Information (Note the Schedule A and personal benefit contract statement requirement		the	
_	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pai	t V	X
			Yes	No
33 .	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	1	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			17
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	⊣	· · · · · · · · ·	T. 0.00
	Did the organization file Form 1120-POL for this year?	37b	د شت به	X
362	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1 1	7 - 1	X
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L. Part II and enter the total amount involved 38b N/A	38a		
39	***************************************			(400)
J3 a	37/3		<u>``</u>	
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	section 4911 ► O . ; section 4912 ► O . , section 4955 ► O .		۰,	[/
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		7	11.
-	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	" "] '
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100 H		0.002
	or disqualified persons during the year under sections 4912, 4955, and 4958		'	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the	1000	. `	
	organization	133		
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			`
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed NONE	<u> </u>		
42 a	The organization's books are in care of ► THE FREEDOM BANK OF VIRGINIA Telephone no. ► 703-24	12-5	<u>300</u>	
	Located at ► 10555 MAIN STREET, SUITE 100, FAIRFAX, VA ZIP+4 ► 2	2203	U	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	404	Yes	X
	account)? If "Yes," enter the name of the foreign country:	42b	3	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 5	**	*****
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	n 32 3	X
	If "Yes," enter the name of the foreign country:	720	•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	 .	>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		· , ,	
	Form 990-EZ	442		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	(C.)		/
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	[3]	``	()
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	288	1	13:
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		100 -
2321	73	Form 99	YU-EZ ((2012)
2321 01-1	i-13			

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received mothan \$100,000 of compensation from the organization. If there is none, enter "None."
If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more
Check if the organization used Schedule O to respond to any question in this Part VI Yes Part Part
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received mo
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received mo
of "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received mo
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received mo
then wrongers of companional from the organication. It there is noted from the figure.
(a) Name and title of each employee (b) Average hours (c) Reportable (d) Health benefits, (e) Estimate
paid more than \$100,000 per week devoted to compensation (Forms employee benefit amount of ot
NONE position plans, and deferred compensation compensation
organization. If there is none, enter "None." NONE a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation

Total number of other independent contractors each receiving over \$100,000
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
aration of preparer (other than officer) is based on all information of which preparer has any knowledge.
In Signature of officer Date
ire
Type or print name and title
Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN
Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN RICHARD D. CASTRO,
Print/Type preparer's name Print/Type preparer's name Preparer's signature Date Check if PTIN
Type or print name and title Print/Type preparer's name
Type or print name and title Print/Type preparer's name RICHARD D. CASTRO, Preparer's signature Preparer's signature Print/Type preparer's name RICHARD D. CASTRO, Preparer's signature Preparer's signature Print/Type preparer's name RICHARD D. CASTRO, Print/Type preparer's name Preparer's signature Proparer's signature Print/Type preparer's name Proparer's signature Proparer's sig
Type or print name and title Print/Type preparer's name

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Internal Revenue Service Attach to Form 990 or Form

Name of the organization

THE FREEDOM BANK FOUNDATION INC 13-4330939

Part	I" Dacas-		with Status (All associa				4 \ C = = !=					
	····		rity Status (All organiz					tructions.				
	_	-	n because it is: (For lines	-		-						
1 ⊨			es, or association of chur			ection 170)(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 📙	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical re	esearch organization	operated in conjunction	with a hos	pital desc	ribed in s e	ection 170	(b)(1)(A)(iii). Enter	the hospit	al's nan	ne,
	city, and sta	ate:										
5	🗌 An organiza	tion operated for the	e benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describ	oed in		
	section 17	0(b)(1)(A)(iv). (Comp	olete Part II.)									
6	A federal, st	ate, or local governr	ment or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7	☐ An organiza	tion that normally re	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public des	cribed	in
)(b)(1)(A)(vi). (Compi		• • • • • • • • • • • • • • • • • • • •		•			•	•		
8 🗆	_		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🛚	, 77		ceives: (1) more than 33		-	rom contr	ibutions, n	nembersh	in fees. a	and aross r	eceints	from
_			unctions - subject to certa						•	_	-	
			taxable income (less sec			-			•			
		1 509(a)(2). (Comple	· ·	uon o i i ta	w, 110111 bu	311103363	acquired c	y tile olg	ainzation	aite ouile	50, 151	, J .
o [_		operated exclusively to te	et for publ	ia aafatu (ena nastis	E00/a\/	41				
ĭ =		-	operated exclusively for the	-	-			•	ne aut the		of ana	
' '-	-	-	•						•	• •		Or
			zations described in secti		-		2). 500 50 0	euc nois	(a)(3). On	leck the bo	x that	
			g organization and compl		-			. — —				
T 1	a ∟l Type		•	ype III - Fu	•	_				n-function		-
e X	•	•	nat the organization is not		-	-	-			=		
			than one or more public						9(a)(1) or	section 50)9(a)(2).	
f	if the organi	zation received a wr	itten determination from	the IRS the	at it is a Ty	pe I, Type	li, or Type	e				_
	supporting of	organization, check t	this box									. Ш
g	Since Augus	st 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	on who directly or in	directly controls, either al	ione or tog	ether with	persons o	described	in (ii) and	(iii) below	<u>, </u>	Yes	No
	the gov	erning body of the	supported organization?							11g(i	<u> </u>	<u> </u>
	(ii) A famil	y member of a perso	on described in (i) above?							11g(i	<u>) </u>	
	(iii) A 35%	controlled entity of	a person described in (i)	or (ii) above	e? ?e					11g(ii	i)	
h	Provide the	following information	n about the supported or	ganization	(s).							
		•		•	• •							
/I) No	me of augmented	(II) FINI	(III) Type of a manufaction	(lu) is the o	rganization	(v) Did vo	u notify the	(vi) :	s the	(will) Amou	at of mo	
	me of supported rganization	(II) EIN	(III) Type of organization (described on lines 1-9		sted in your			organization in col		(vii) Amount of m support		iletary
·	. Aguseanou			governing document?				(i) organized in the U.S.?		Support		
				Yes	No	Yes	No	Yes	No			
		<u> </u>	 				 		1			
_		 	 	 			 		 			
								1	1			
		 	 		<u> </u>	<u> </u>	 -	 -	 			
) i				ł	ì	1			
		 	 	ļ			<u> </u>		ļ			
									1 1			
		ļ	 	ļ	ļ				<u> </u>			
		1										
				# * \		19,22.	2.7.7.					
otal_				ا (دند. ا				•	ws.			
	- Damanus de D	aduation Act Notice	<u> </u>					O a la a alcal	- A / C	000 0		2040

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ			1	ļ	
	include any "unusual grants.")	, 					
2	Tax revenues levied for the organ-				•	1	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					}	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					Angel of the	
	supported organization) included		A.S			x .	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		d de ought fig e s				
	column (f)						
6	Public support. Subtract line 5 from line 4	handar manning	/* (1400-1400-1400-1400-1400-1400-1400-1400			2000	
Sec	ction B. Total Support	10. 7° 111 1111 12 1111117	<u> </u>	<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	3-7		<u> </u>	1-7		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<u>-</u>
	or loss from the sale of capital	\	,	1			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			3.7.25.73			
12					<u></u>	12	
13		•	•	d fourth or fifth to	······································		
10	organization, check this box and stor	-	inst, second, till	u, iourui, or illui ta	in year as a section	11 30 1 (0)(3)	▶□
Sec	ction C. Computation of Publ		rcentage		············		····· ·· · · ·
	Public support percentage for 2012 (column (ft)		14	%
	Public support percentage from 2011		•	***		15	
	33 1/3% support test - 2012. If the						
100	stop here. The organization qualifies	-		-			
,	33 1/3% support test - 2011. If the						
•	and stop here. The organization qual	•					
17~	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			=	•	•	▶ □
_		-	•		-		
10	10% -facts-and-circumstances tes	-					U 70 UI
	more, and if the organization meets the		•		- •		▶□
10	organization meets the "facts-and-circ		~	•		•	
10	Private foundation. If the organization	AT CIC HOL CHECK A	OVA OIT IIITE TO, 10	a, 100, 1/8,011/D		dule A (Form 990 c	

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

(Complete only if you checked the box on line 9 of Part I or If the organization failed to qualify under Part II. If the organization fails to

<u>e-</u>	ction A. Public Support	elow, please comp	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2006	(6) 2009	(c) 2010	(a) 2011	(e) 2012	(i) Iolai
•	membership fees received. (Do not						
	include any "unusual grants.")	44,574.	10,975.	8,175.	450.		64,174.
•	, , ,	44,3/4.	10,373.	0,173.	430.		04,1/4.
2	Gross receipts from admissions, merchandise sold or services per-					,	
	formed, or facilities furnished in		1			ı	
	any activity that is related to the		i				
	organization's tax-exempt purpose	ļ <u>_</u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		. 1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1	į		Į.		
	or expended on its behalf						
=	' ' ' ' ' '						
9	The value of services or facilities	1	Ì				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	44,574.	10,975.	8,175.	450.		64,174.
7	Amounts included on lines 1, 2, and			•			
	3 received from disqualified persons		ì	ľ			0.
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		,	Į			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
		74 T. N. 128	····	5.55 - 2000	3730.7 : 3	200.2.00	64,174.
	Public support (Subtract line 7c from line 6.)	<u>i</u>		· · · · · · · · · · · · · · · · · · ·	<u>. 3 82003 1</u>	· · · · · · · · · · · · · · · · · · ·	04,1/4.
	ction B. Total Support	4.222					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	44,574.	10,975.	8,175.	450.		64,174.
10	Gross income from interest,]		,			u.
	dividends, payments received on securities loans, rents, royalties	,					•
	and income from similar sources						n
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975)				
	· · · · · · · · · · · · · · · · · · ·						
_	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain		İ				
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	44,574.	10,975.	8,175.	450.		64,174.
	First five years. If the Form 990 is for	the organization's	first, second, third	. fourth, or fifth tax	x vear as a section	501(c)(3) organiz	ation.
	check this box and stop here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		▶ [X]
Sec	ction C. Computation of Publi			· ·			
				aluman (6)		15	
	Public support percentage for 2012 (li			olumn (1))		15	
	Public support percentage from 2011					16	<u>%</u>
	ction D. Computation of Inves					 -	
17	Investment income percentage for 20	12 (line 10c, colum	ın (f) divided by lıne	9 13, column (f))		17	%
18	Investment income percentage from 2	2011 Schedule A, P	art III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. —
Ŀ	33 1/3% support tests - 2011. If the		-	-	•		
	line 18 is not more than 33 1/3%, che	_					▶ []
20	Private foundation. If the organization		-	•		=	
		, sie not oneck a D	IIIO 17, 13a	CO TON, OHOUR UIK			0 or 990-EZ) 2012
7:37 E	23 12-04-12				acni		, v: 00v-E&I&V &

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number

THE FREEDOM BANK FOUNDATION INC	13-4330939
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DONATIONS	3,350.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RA	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONA	L BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE	ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEF	IT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY AN	Y PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
- 	<u></u>