



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



Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,186	22 3,465
23 Land and buildings		23
24 Other assets (describe in Schedule O)	8,973	24 3,864
25 Total assets	16,159	25 7,329
26 Total liabilities (describe in Schedule O)	1,167	26 1,167
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,992	27 6,162

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH MCGUIRE BOARD MEMBER	1 00	0	0	0
LEON GRIGGS PRESIDENT	1 00	0	0	0
DAVID COPPOLA VICE PRESIDENT	1 00	0	0	0
SUSAN HOLMAN SECRETARY/TREASURER	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of SUSAN HOLMAN Telephone no (585) 455-3352 Located at 900 WALWORTH PENFIELD ROAD MACEDON, NY ZIP + 4 14502
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI 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

	Yes	No
47		
48		
49a		
49b		

47 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

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

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

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

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-03-01 Date
	LEON GRIGGS OFFICER/DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature CHRISTOPHER M SARDONE	Date	Check <input type="checkbox"/> if self-employed	PTIN P01200125
	Firm's name SARDONE ROBINSON & ASSOCIATES LLP			Firm's EIN 16-1587614	
	Firm's address 115 METRO PARK ROCHESTER, NY 14623			Phone no (585) 232-8550	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FREEDOM FIRST REIA LTD

Employer identification number

26-2761904

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 109 DESCRIPTION OTHER EXPENSES AMOUNT 4124 TOTAL TO FORM 990-EZ, LINE 14 4233
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1038 DESCRIPTION MARKETING AMOUNT 436 DESCRIPTION OFFICE SUPPLIES AMOUNT 150 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 7578 DESCRIPTION EQUIPMENT RENTAL AND MAINTENANCE AMOUNT 138 DESCRIPTION OTHER COSTS AMOUNT 1690 DESCRIPTION SALES TAX AMOUNT 14 DESCRIPTION TRAVEL AND MEETINGS AMOUNT 4122 TOTAL TO FORM 990-EZ, LINE 16 15166
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DUE FROM TENANT BEG OF YEAR AMOUNT 8500 END OF YEAR AMOUNT 3500 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 473 END OF YEAR AMOUNT 364
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 667 END OF YEAR AMOUNT 667 DESCRIPTION NOTE PAYABLE BEG OF YEAR AMOUNT 500 END OF YEAR AMOUNT 500

**TY 2012 Transfers Personal Benefits
Contracts Declaration**

Name: FREEDOM FIRST REIA LTD

EIN: 26-2761904

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