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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: FREEDOM FIRST REIA LTD
Number and street (or P O box, if mail is not delivered to street address): 48 NORTH AVENUE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: ROCHESTER, NY 14626

D Employer identification number

26-2761904

E Telephone number

(585) 455-3352

F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify) []

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

I Website: WWW.FFREIA.COM

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(6) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [x] Trust [] Association [] Other []

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 25,854

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed NY
42a The organization's books are in care of STEVEN PHETERSON ESQ Telephone no (585) 360-1203
Located at 45 EXCHANGE BLVD ROCHESTER, NY ZIP +4 14614

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720.

	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	(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 business address of each independent contractor	(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 must attach a completed Schedule A Yes No

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

Sign Here *****
 Signature of officer
 LEON GRIGGS OFFICER/DIRECTOR
 Type or print name and title
 2015-06-25
 Date

Paid Preparer Use Only
 Print/Type preparer's name: CHRISTOPHER M SARDONE
 Preparer's signature: _____
 Date: _____
 Check 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FREEDOM FIRST REIA LTD

Employer identification number

26-2761904

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 109 DESCRIPTION OTHER EXPENSES AMOUNT 2772 TOTAL TO FORM 990-EZ, LINE 14 2881
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 610 DESCRIPTION MARKETING AMOUNT 145 DESCRIPTION OFFICE SUPPLIES AMOUNT 190 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 830 5 DESCRIPTION OTHER COSTS AMOUNT 802 DESCRIPTION TRAVEL AND MEETINGS AMOUNT 2031 TOTAL TO FORM 990-EZ, LINE 16 12083
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION DUE FROM TENANT BEG OF YEAR AMOUNT 350 END OF YEAR AMOUNT 350 DESCRIPTION ON HELD FOR SALE PROPERTY BEG OF YEAR AMOUNT 2500 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 255 END OF YEAR AMOUNT 146
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	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 2014 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.