

**CitizenAudit.org**

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning** 11/02, 2011, and ending 10/31, 2012**B** Check if applicable:

- ☐ Address change
- ☒ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

## Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2200 WILSON BLVD STE 102-533

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22201-3324

**F** Name and address of principal officerRICHARD RIBBENTROP  
2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201-3324**D** Employer identification number

45-3732750

**E** Telephone number

(571) 384-5811

**G** Gross receipts \$ 256,035,920.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(6) (insert no) 4947(a)(1) or 527**J** Website: WWW.FREEDOMPARTNERS.ORG**H(c)** Group exemption number**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation 2011 **M** State of legal domicile DE**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	FREEDOM PARTNERS CHAMBER OF COMMERCE ADVANCES ITS MEMBERS' COMMON BUSINESS INTERESTS BY PROMOTING ECONOMIC FREEDOM AND IMPROVING BUSINESS CONDITIONS IN THE UNITED STATES, THEREBY INCREASING OPPORTUNITY, INNOVATION, AND PROSPERITY FOR ALL AMERICANS. (SEE SCHEDULE O)	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	1.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2011 (Part VII, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	936,673.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	254,710,029.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	27,516.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	255,674,218.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	235,715,250.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	745,216.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	N/A	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	1,248,371.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	0	237,708,837.
	19	Revenue less expenses - Subtract line 18 from line 12	0	17,965,381.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0	18,256,338.
	22	Net assets or fund balances - Subtract line 21 from line 20	0	290,957.

**Part II Signature Block**

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: *Wayne Gable* Date: 9-15-13

Type or print name and title: Wayne Gable - Chairman

**Paid Preparer Use Only**

Print/Type preparer's name: Michael J. Engle Preparer's signature: *Michael J. Engle* Date: 09/16/2013 Check ☐ if self-employed PTIN: P00482834

Firm's name: BKD, LLP Firm's EIN: 44-0160260

Firm's address: 910 E ST LOUIS STREET, SUITE 400 SPRINGFIELD, MO 65806-2523 Phone no: 816-221-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2011)

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SCANNED OCT 29 2013

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

FREEDOM PARTNERS CHAMBER OF COMMERCE ADVANCES ITS MEMBERS' COMMON BUSINESS INTERESTS BY PROMOTING ECONOMIC FREEDOM AND IMPROVING BUSINESS CONDITIONS IN THE UNITED STATES, THEREBY INCREASING OPPORTUNITY, INNOVATION, AND PROSPERITY FOR ALL AMERICANS. (SEE SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **See Schedule O** ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SUPPORTED BROAD-BASED COALITIONS TO ADVANCE FREE MARKETS AND A FREE SOCIETY.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

EDUCATED THE PUBLIC AND CONDUCTED PUBLIC COMMUNICATIONS TO INCREASE THE LEVEL OF PUBLIC DEBATE ABOUT KEY ISSUES AFFECTING AMERICAN BUSINESS, ECONOMIC INNOVATION, COMPETITIVENESS, AND THE ROLE OF GOVERNMENT IN A FREE SOCIETY.

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CONDUCTED RESEARCH AND POLLING ON VARIOUS POLICIES AND PROPOSALS AFFECTING THE COMMON BUSINESS INTERESTS OF ITS MEMBERS TO EFFECTIVELY PRESENT THE AMERICAN PUBLIC AND POLICY MAKERS WITH REASONED ALTERNATIVES AND POSITIVE POLICY SUGGESTIONS THAT WILL PROMOTE INNOVATION AND THE COMPETITIVE STANDING OF ITS MEMBERS.

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV 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 . . . . .		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .		
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 . . . . .	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 . . . . .		X
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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c 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 . . . . .		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 . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
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 . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		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 . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b 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 . . . . .		X
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 . . . . .		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 . . . . .		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) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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 employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
<b>25 b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35 b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4a	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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6a	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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<input type="checkbox"/>	<input type="checkbox"/>
7a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7b	b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7d	d If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	<input type="checkbox"/>	<input type="checkbox"/>
9a	a Did the organization make any taxable distributions under section 4966? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9b	b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10	<b>Section 501(c)(7) organizations.</b> Enter	<input type="checkbox"/>	<input type="checkbox"/>
10a	a Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>Section 501(c)(12) organizations.</b> Enter	<input type="checkbox"/>	<input type="checkbox"/>
11a	a Gross income from members or shareholders. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
13a	a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
13b	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. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13c	c Enter the amount of reserves on hand. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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.	1	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent.	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> 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.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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? <b>*See Schedule O for detail</b>		
<b>a</b> The organization's CEO, Executive Director, or top management official		X *
<b>b</b> Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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 the organization. **RICHARD RIBBENTROP 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201-3324 571-384-5811**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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 related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE GABLE DIRECTOR	5.00	X		X				0	0	0
(2) RICHARD RIBBENTROP EXECUTIVE DIRECTOR	40.00			X				0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



[illegible]

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3		X
4		X
5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
---	--	---

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions) . . . . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	936,673		
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		61,673		
	h	<b>Total.</b> Add lines 1a-1f . . . . .		936,673		
<b>Program Service Revenue</b>			<b>Business Code</b>			
	2a	MEMBERSHIP DUES . . . . .	900099	148,910,029	148,910,029	
	b	SA FUND . . . . .	900099	105,800,000	105,800,000	
	c	. . . . .				
	d	. . . . .				
	e	. . . . .				
	f	All other program service revenue . . . . .				
	g	<b>Total.</b> Add lines 2a-2f . . . . .		254,710,029		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		30,018		30,018
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
		(i) Real	(ii) Personal			
	6a	Gross rents . . . . .				
	b	Less rental expenses . . . . .				
	c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		0		
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory . . . . .	359,200			
	b	Less cost or other basis and sales expenses . . . . .	361,702			
	c	Gain or (loss) . . . . .	-2,502			
	d	Net gain or (loss) . . . . .		-2,502		-2,502
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . . . .		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .		0		
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a	. . . . .					
b	. . . . .					
c	. . . . .					
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		0			
12	<b>Total revenue.</b> See instructions . . . . .		255,674,218	254,710,029		27,516

**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 ☐

Do not include amounts reported on lines 6b, 7b, 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 persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	433,805.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,219.			
9 Other employee benefits.	24,565.			
10 Payroll taxes.	35,125.			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	743,577.			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g 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 O.)				
a LICENSE FEES	2,392.			
b MEMBERSHIPS & DUES	420.			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	237,708,837.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	0	1	12,052,306.
	2 Savings and temporary cash investments	0	2	6,040,318.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	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	10a		103,937.
	b Less accumulated depreciation	10b		5,261.
			10c	98,676.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	0	15	48,209.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	0	16	18,256,338.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	0	17	290,957.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	290,957.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	17,965,381.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	0	33	17,965,381.
	34 <b>Total liabilities and net assets/fund balances.</b>	0	34	18,256,338.

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	255,674,218.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	237,708,837.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	17,965,381.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	0
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	17,965,381.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2011)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

**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

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>	Employer identification number <b>45-3732750</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Complete this part 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-B line

1 Also, complete this part for any additional information



**Part IV** Supplemental Information *(continued)*

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number

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
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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 conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a 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

b 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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		30,967.	711.	30,256.
d Equipment . . . . .		72,970.	4,550.	68,420.
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				98,676.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(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)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

**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.

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization  
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number  
45-3732750

**Part I General Information on Grants and Assistance**

- 1 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? ☒ Yes ☐ No
- 2 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. ☐

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)	AMERICAN COMMITMENT WASHINGTON, DC 20062	45-2600535	501(C)(4)	6,260,000				GENERAL SUPPORT
(2)	CORNER TABLE LLC (CENTER TO PROTECT PATIENT RIGHTS) WASHINGTON, DC 20091-1553	27-3639310	501(C)(4)	62,900,000				GENERAL SUPPORT
(3)	NATIONAL FEDERATION OF INDEPENDENT BUSINESS NASHVILLE, TN 37214-3682	94-0707299	501(C)(6)	1,500,000				GENERAL SUPPORT
(4)	NFIB THE VOICE OF FREE ENTERPRISE, INC. NASHVILLE, TN 37214-3682	27-3615830	501(C)(4)	575,000				GENERAL SUPPORT
(5)	PARTNERSHIP FOR OHIO'S FUTURE COLUMBUS, OH 43215-0159	20-5456371	501(C)(4)	500,000				GENERAL SUPPORT
(6)	PR-DIST LLC (AMERICANS FOR PROSPERITY) ARLINGTON, VA 22201	27-3120702	501(C)(4)	26,000,000				GENERAL SUPPORT
(7)	U.S. CHAMBER OF COMMERCE WASHINGTON, DC 20062	53-0045720	501(C)(6)	2,000,000				GENERAL SUPPORT
(8)	WEST MICHIGAN POLICY FORUM GRAND RAPIDS, MI 49503	27-4892968	501(C)(4)	1,000,000				GENERAL SUPPORT
(9)	AMERICAN ENERGY ALLIANCE WASHINGTON, DC 20005	26-2731617	501(C)(4)	1,460,000				GENERAL SUPPORT
(10)	AMERICAN FUTURE FUND DES MOINES, IA 50312	26-0620554	501(C)(4)	13,600,000				GENERAL SUPPORT
(11)	AMERICAN VALUES ACTION ARLINGTON, VA 22206	27-2299035	501(C)(4)	230,000				GENERAL SUPPORT
(12)	COMMON SENSE ISSUES, INC. CINCINNATI, OH 45255-6117	20-8824036	501(C)(4)	50,000				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number

45-3732750

**Part I General Information on Grants and Assistance**

- 1 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? ☒ Yes ☐ No
- 2 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 ☐

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)	CONCERNED WOMEN FOR AMERICA LEGISLATIVE ACTION COMMITTEE WASHINGTON, DC 20005	95-3370744	501(C)(4)	8,150,000				GENERAL SUPPORT
(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	501(C)(4)	500,000				GENERAL SUPPORT
(4)	NATIONAL ASSOCIATION OF MANUFACTURERS WASHINGTON, DC 20001	13-1084330	501(C)(6)	1,170,000				GENERAL SUPPORT
(5)	NATIONAL RIFLE ASSOCIATION FAIRFAX, VA 22030	53-0116130	501(C)(4)	3,465,000				GENERAL SUPPORT
(6)	ORPA LLC (EVANGCH4 TRUST) WILMINGTON, DE 19807	45-2663844	501(C)(4)	5,055,000				GENERAL SUPPORT
(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) ARLINGTON, VA 22201	27-3120702	501(C)(4)	6,300,000				GENERAL SUPPORT
(9)	REPUBLICAN JEWISH COALITION WASHINGTON, DC 20001	52-1386172	501(C)(4)	700,000				GENERAL SUPPORT
(10)	RION LLC (CENTER FOR SHAPED SERVICES 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 WILLOWS, CA 95988	45-3200196	501(C)(4)	600,000				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2011)

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120-0096939-0077672



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization  
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC

Employer identification number  
45-3732750

**Part I General Information on Grants and Assistance**

- 1 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? ☒ Yes ☐ No
- 2 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 ☐

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)	STN LLC (THERMIS TRUST) ALEXANDRIA, VA 22314-2840	27-3348027	501(C)(4)	5,781,000				GENERAL SUPPORT
(2)	TDNA LLC (LIBRE INITIATIVE TRUST) MISSION, TX 78572	45-2725507	501(C)(4)	3,112,000				GENERAL SUPPORT
(3)	TEA PARTY PATRIOTS WOODSTOCK, GA 30189	27-0470227	501(C)(4)	200,000				GENERAL SUPPORT
(4)	THE 60 PLUS ASSOCIATION, INC ALEXANDRIA, VA 22314	54-1564919	501(C)(4)	15,660,000				GENERAL SUPPORT
(5)	TRGN LLC (GENERATION OPPORTUNITY) ARLINGTON, VA 22201	27-3934434	501(C)(4)	5,040,000				GENERAL SUPPORT
(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 RIGHTS) WASHINGTON, DC 20091-1553	27-3639310	501(C)(4)	10,000,000				GENERAL SUPPORT
(8)	NFIB RESEARCH FOUNDATION NASHVILLE, TN 37214-3682	04-3592337	501(C)(3)	300,000				GENERAL SUPPORT
(9)	NFIB SMALL BUSINESS LEGAL CENTER NASHVILLE, TN 37214-3682	62-1570449	501(C)(3)	125,000				GENERAL SUPPORT
(10)	THE NATIONAL RIGHT TO WORK COMMITTEE SPRINGFIELD, VA 22160	51-0147724	501(C)(4)	1,000,000				GENERAL SUPPORT
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 29

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

Schedule I (Form 990) (2011)

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120-0096939-0077672

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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					
5					
6					
7					

**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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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					
5					
6					
7					

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

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 M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number

45-3732750

**Part I 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
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 QUOTE
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 . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( . . . . . )				
26 Other ►( . . . . . )				
27 Other ►( . . . . . )				
28 Other ►( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2011)

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**Part II** **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.

---

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

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,

Name of the organization

Employer identification number

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

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.

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

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 REVIEW PROCESS

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

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



Name of the organization

Employer identification number

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

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.

Name of the organization

Employer identification number

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

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**

OMB No 1545-0047

**2011**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service▶ 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

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC

Employer identification number

45-3732750

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 )

(a) Name address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMERICAN ENTREPRENEUR FUND LLC 45-3739538 2200 WILSON BLVD STE 102-391 ARLINGTON, VA 22201	PROJECTS	DE	0	885,316.	FREEDOM PARTNERS CHAMBER OF COMMERCE
(2) AMERICAN STRATEGIES GROUP LLC 45-5230496 2200 WILSON BLVD STE 102-391 ARLINGTON, VA 22301-3397	PUBLIC OUTREACH	DE	0	97,714.	AMERICAN ENTERPRISE GROUP LLC
(3) AMERICAN STRATEGIC INNOVATION LLC 45-5456929 2200 WILSON BLVD STE 102-391 ARLINGTON, VA 22201	RESEARCH	DE	0	4,976.	FREEDOM PARTNERS CHAMBER OF COMMERCE
(4) THE MIC LLC 46-1130419 2200 WILSON BLVD STE 102-391 ARLINGTON, VA 22201	RESEARCH	DE	0	25,000.	FREEDOM PARTNERS CHAMBER OF COMMERCE
(5) AMERICAN ENTERPRISE GROUP LLC 45-5230162 2200 WILSON BLVD STE 102-391 ARLINGTON, VA 22201	MANAGEMENT	DE	0	424,975.	FREEDOM PARTNERS CHAMBER OF COMMERCE
(6) _____					

**Part II 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 )

(a) Name address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2011

JSA

1E1307 1 000

9088FA K917

V 11-6.5

120-0096939-0077672

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Sale of assets to related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b> Purchase of assets from related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b> Exchange of assets with related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>n</b> Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

JSA

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Schedule R (Form 990) 2011

**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*

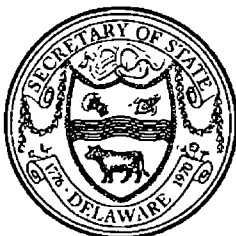
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ASSOCIATION FOR AMERICAN INNOVATION, INC.", CHANGING ITS NAME FROM "ASSOCIATION FOR AMERICAN INNOVATION, INC." TO "FREEDOM PARTNERS CHAMBER 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

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0717687

DATE: 09-06-13



**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:



Authorized Officer

Title: President

Name: Marc T Stuart

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or	
	ASSOCIATION FOR AMERICAN INNOVATION, INC.		<input checked="" type="checkbox"/> <b>X</b>	45-3732750
	Number, street, and room or suite no. If a P O box, see instructions		Social security number (SSN)	
	2200 WILSON BLVD. STE 102-533		<input type="checkbox"/>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		ARLINGTON, VA 22201-3324		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
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

- The books are in the care of ▶ WAYNE GABLE

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 ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 06/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20\_\_\_\_ or
- ▶ ☒ tax year beginning 11/01, 2011, and ending 10/31, 2012

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☒ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b> \$
<b>b</b> If this 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.	<b>3b</b> \$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	ASSOCIATION FOR AMERICAN INNOVATION, INC.		<input checked="" type="checkbox"/> 45-3732750	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	2200 WILSON BLVD. STE 102-533			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	ARLINGTON, VA 22201-3324			

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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.**

- The books are in the care of WAYNE GABLE  
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 ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 09/15, 20 13
- 5 For calendar year , or other tax year beginning 11/01, 20 11, and ending 10/31, 20 12
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☒ 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	8a \$
8b If this 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 amount paid previously with Form 8868	8b \$
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions	8c \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date

Form 8868 (Rev 1-2012)