disclosure because, directly and in cor

Ct.

NOT SUBJECT TO PUBLIC DISCLOSURE - All information in this schedule (including dollar amounts) is protected against public ation with other information available in th outors and discloses taxpayer return inform

or elsewhere, it reasonably identifies m.

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service	➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.	ĺ	2011
Name of the organizatio	n	Employe	r identification number
FREEDOM PARTNEF	RS CHAMBER OF COMMERCE, INC.	45-37	732750
Organization type (ch	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion	
	501(c)(3) taxable private foundation		
General Rule X For an organ property) from Special Rules	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 km any one contributor. Complete Parts I and II.	or more (in	money or
under section	n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support on 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form arts I and II.	ie year, a c	ontribution of
during the v	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ear, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charita ial purposes, or the prevention of cruelty to children or animals. Complete Parts I, II,	ıble, scienti	ntributor, ific, literary,
during the young to repeat to repeat for an earth applies to the	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ear, contributions for use exclusively for religious, charitable, etc., purposes, but the nore than \$1,000. If this box is checked, enter here the total contributions that wer exclusively religious, charitable, etc., purpose. Do not complete any of the parts unles organization because it received nonexclusively religious, charitable, etc., contributely year	ese contrib re received ss the Gene	utions did during the eral Rule
990-FZ or 990-PF) b	ion that is not covered by the General Rule and/or the Special Rules does not file S ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line I rm 990-PF, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Forr	n 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

NOT SUBJECT TO PUBLIC DISCLOSUR[®] - All information in this schedule (including deligr amounts) is protected against public disclosure because, directly and in containing with other information available in the strength of the strength o) or elsowhere, it reasonably identifies disclosure because, directly and in co outors and discloses taxpayer return inform. CO. ∌∏.

Schedule B (Farm 990, 990-EZ, or 990-PF) (2011)

Page 2

Name of or	ganization FREEDOM PARTNERS CHAMBER OF COMMERCE,	INC.	Employer Identification number 45-3732750
Part1	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u> _		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
		Sohodul	B (Form 990, 990-EZ, or 990-PF) (201

NOT SUBJECT TO PUBLIC DISCLOSUP* All information in this schedule (including deliar amounts) is protected against public disclosure because, directly and in continuous action with other information available in the continuous and discloses taxpayer return information.

	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page 2
Name of o	rganization FREEDOM PARTNERS CHAMBER OF COMMERCE,	TNC.	Employer identification number 45-3732750
Part I	Contributors (see instructions). Use duplicate copies of Par	t if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP÷4	(c) Total contributions	(d) Type of contribution
7 -		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 50,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
9_		\$12,496.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 49,176.	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audiess, and air . v	s50,000.	Person Payroll Noncash (Complete Part II if there is
			a noncash contribution.)

NOT SUBJECT TO PUBLIC DISCLOSURF disclosure because, directly and in col

SURP All information in this schedule (including delear amounts) is protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion with other information available in the protected against public tion available in the protected against public tion with other information available in the protected against public tion available in the protected ag

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. Employer identification number 45-3732750 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution __13 Х Person Payroll 25,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 Х Person Payroll 50,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP +4 **Total contributions** Type of contribution No. 15 X Person Payroll 75,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 16 Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (c) Type of contribution Name, address, and ZIP +4 **Total contributions** No. 17 X Person **Payroll** 50,000. Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) Name, address, and ZIP +4 **Total contributions** Type of contribution No. Х 18 Person **Payroll** 75,000. Noncash (Complete Part II if there is a noncash contribution.)

NOT SUBJECT TO PUBLIC DISCLOSUR® - All information in this schedule (including delear amounts) is protected against public disclosure because, directly and in contion with other information available in the contion with other information available in the continuous and discloses taxpayer return inform.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 2

Name of o	rganization FREEDOM PARTNERS CHAMBER OF COMMERCE,	INC.	Employer identification number 45-3732750
Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19_		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
21		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

NOT SUBJECT TO PUBLIC DISCLOSURF - All information in this schedule (including dollar amounts) is protected against public disclosure because, directly and in coration with other information available in the coration and in coration with other information available in the coration and in coration with other information available in the coration and in coration available in the coration available in the

Schedule B (Form 990, 990-EZ, or 890-PF) (2011)

Name of organization FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number
45-3732750

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) PUBLICLY TRADED STOCK 9 12,496. **VARIOUS** (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I PUBLICLY TRADED STOCK 11 49,176. **VARIOUS** (c) (a) No. (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) No. (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part 1 (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I

NOT SUBJECT TO PUBLIC DISCLOSUR[®] - All information in this schedule (including de¹¹qr amounts) is protected against public disclosure because, directly and in continuous and disclosure because, directly and in continuous and disclosure favorages favorages return before

	om 990, 990-EZ, or 990-PF) (2011)	and discloses taxpayer return	n inforn.
ne of orga	anization FREEDOM PARTNERS CHAMI	BER OF COMMERCE, INC.	Employer identification number
			45-3732750
tr Fe	nat total more than \$1,000 for the y or organizations completing Part III, e ontributions of \$1,000 or less for the	rear. Complete columns (a) the enter the total of exclusively re e year. (Enter this information	section 501(c)(7), (8), or (10) organizations hrough (e) and the following line entry. eligious, charitable, etc., once. See instructions.)
V U	se duplicate copies of Part III if additi	onal space is needed.	
) No. rom art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	CALL TO LONG THE CONTRACT OF T	(7)	(-) part of the gat to head
f	(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how glft is held
-	(e) Transfer of gift		
	Transferee's name, address, an	ed ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om ort I			
No. om urt I			
No. om urt I		(e) Transfer of gift	