Form	990	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made nublic

6

6

OMB No. 1545-0047

		of the Treasu	ry								Open to I done
		nue Service			bout Form 990 and its			·	m990.		Inspection
<u>A</u> F	or th	e 2016 c	alendar year, o	or tax year begir	ning	, 2016	6, and endin	ng			, 20
Б			Name of organizatio	n				D	Employer id	dentif	ication number
Вс	heck if ap	oplicable:	FREEDOM PA	RTNERS CHAMI	BER OF COMMERCE	E, INC.					
	Addre		Doing Business As						45-373	275	0
	-		Number and street	(or P.O. box if mail is	not delivered to street addre	ss)	Room/suite	E	Telephone	numb	er
	-	return	2200 WILSO	N BLVD STE I	102-533			(571) 89	98-	2958
	Termi				and ZIP or foreign postal cod	le			- ,		
	Amen	natoa	•	VA 22201-3	•				Gross recei	nts \$	148,248,503.
	return Applic		Name and address		ROBERT HEATO	N			(a) Is this a gr		
	pendi	ng			102-533 ARLING		22201-33		subordinate	es?	
-	T								(b) Are all subo		
		empt status	001(0)(0		5) 4 (insert no.)	4947(a)(1)	or 52				st. (see instructions)
				ARTNERS.ORG					(c) Group exer		
-		-	ion: X Corporati	on Trust	Association Other		L Year o	f formatior	n: 2011 M	State	e of legal domicile: DE
Pa	art I	Summ									
	1				r most significant activitie						COMMERCE
e					N BUSINESS INT					2	
nan		FREED	OM AND IMPH	ROVING BUSIN	IESS CONDITIONS	S IN THE	(SEE SC	HEDULI	E O)		
Governance	2	Check th	is box 🕨 📃 if	the organization d	iscontinued its operatio	ns or dispos	ed of more tha	an 25% of	f its net asse	ets.	
ĝ	3	Number	of voting member	s of the governing	body (Part VI, line 1a)					3	8.
	4	Number	of independent vo	oting members of t	he governing body (Part					4	5.
Activities &					endar year 2016 (Part V,					5	275.
ti				s (estimate if neces						6	0.
Ac				•	III, column (C), line 12					7a	589,448
					Form 990-T, line 34					7b	22,512
	-								Prior Year	1	Current Year
	8	Contribut	ions and grants (Part \/III_line 1h)					1,102,8	33.	1,197,990
Revenue	9	Program	service revenue (Dart VIII, line 2a)		COP	PY FOR		7,972,9		144,622,126
vel	10	Invootmo	service revenue ((III = column (A) line	es 3, 4, and 7d)	PUBLIC I	NSPECTION		224,8		224,153
Re									44,3		707,822
					6d, 8c, 9c, 10c, and 11e			13	9,344,9		146,752,091
				•	equal Part VIII, column	. , ,			5,472,0		77,566,000
					umn (A), lines 1-3)			0	5,472,0	00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					mn (A), line 4)			1	5,791,6		, , , , , , , , , , , , , , , , , , ,
ses	15				efits (Part IX, column (A)				5,/91,0		24,553,613
ens	16a				(A), line 11e)					0.	0
Expenses	b			s (Part IX, column (I		().				
	17	Other exp	penses (Part IX, o	olumn (A), lines 11	a-11d, 11f-24e)				7,262,5		23,479,280
					Part IX, column (A), line				8,526,1		125,598,893
	19	Revenue	less expenses. S	Subtract line 18 from	n line 12			4	0,818,7	58.	21,153,198
Net Assets or Fund Balances								-	ng of Current		End of Year
set	20	Total ass	ets (Part X, line 16	3)					0,797,9		48,197,404
Asg	21	Total liab	ilities (Part X, line	26)					8,377,7	75.	7,562,806
Pare	22				from line 20			4	2,420,1	84.	40,634,598
	rt II	Signa	ture Block								·
Un	der per									of my	knowledge and belief, it is
true	e, corre	ect, and con	nplete. Declaration of	of preparer (other than	officer) is based on all info	ormation of wh	ich preparer ha	as any know	wledge.		
Sig		Sig	nature of officer						Date		
He	re										
		🕨 🗖 Тур	e or print name and	title							
		Print/Typ	e preparer's name		Preparer's signature		Date		Check	if	PTIN

	FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732750	
For	n 990 (2016)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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, (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? Yes If "Yes," describe these new services on Schedule O.	No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to orthe total expenses, and revenue, if any, for each program service reported.	
4.0	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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.	
	(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 IMPROVE BUSINESS CONDITIONS FOR ITS	
	MEMBERS.	

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

 (Expenses \$ including grants of \$

) (Revenue \$

120-0096939-0077672

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732750

Form 9	90 (2016)		F	age 3
Part	V 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.	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	3	Х	
4	Section 501(c)(3) organizations. 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.	4		
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.	5	Х	
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	11b	Х	
С	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	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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)	17		Х
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	18		Х
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	19		Х

Form 990 (2016)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	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? If "Yes," complete Schedule J.	23	Х	
24a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
-	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	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? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2016)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 275			
		2 h	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2.5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	50		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA		L and the	000	10010

6E1040 1.000 9088FA K922 11/14/2017 5:25:16 PM V 16-7.6F 120-0096939-0077672

			-
Form 990 (2016) FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732			Page 6
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.5			
Check if Schedule O contains a response or note to any line in this Part VI			X
Section A. Governing Body and Management			
		Yes	No
 1a Enter the number of voting members of the governing body at the end of the tax year			
2 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?	2	X	
3 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?	3		x
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х

5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
4 -	List the states of the birth a second of this France 000 is seen in day, by Clad N			

- 17 List the states with which a copy of this Form 990 is required to be filed ▶_____
- **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.
 - X
 Own website
 Another's website
 X
 Upon request
 Other (explain in Schedule O)
- **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, address, and telephone number of the person who possesses the organization's books and records: ► DAVID LANGHAIM 2200 WILSON BLVD STE 102-533 ARLINGTON, VA 22201-3324 571-858-2958

JSA 6E1042 1.000

Page 7

Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr									
	Check if Schedule	O contains	a response	e or note to	any li	ne 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) (B) Position Position (B) Reportable companion from the four server related organizations (F) Estimated amount of other related organizations (I) MARC SHORT 50.00 Image					(0	C)					
Number Numbernour per locu untexpresso toth an week (list any per locu untexpresso toth an week (list any per locu untexpresso toth an indication and incomplete tother organizations (W-2/1099-MISC)amount of more leaded organizations (W-2/1099-MISC)amount of compensation from the organization and related organizations (W-2/1099-MISC)amount of more leaded organizations (W-2/1099-MISC)amount of compensation from the organization and related organizations (W-2/1099-MISC)amount of compensation from the organization and related organizations (W-2/1099-MISC)amount of compensation from the organization and related organizations (W-2/1099-MISC)(1)MARC SHORT50.00xx72.9170.5.847.(2)KELLY BULLOCH1.00x62.500.0.0.DIRECTOR0.x0.0.0.(d)DALE CIBBENS1.00x0.0.0.DIRECTOR0.x0.0.0.(d)MARK HOLDEN30.00x0.0.0.(d)RARX HOLDEN30.00x0.0.0.(f)REATIN HOCKS1.00x0.0.0.DIRECTOR0.x0.0.0.(f)RARN HOCKS1.00x0.0.0.(f)RARN HOLDEN0.00x0.0.0.(f)RARN HOCKS1.00x0.0.0.(f)RARNY LAIR1.00x0.0.0.DIRECTOR0.x0.0.0.(f)RARNY SELEL50.00x0.0.0. <td>(A)</td> <td>(B)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(D)</td> <td></td> <td>(F)</td>	(A)	(B)							(D)		(F)
week (this may) officer and a director/instance Tron Tron Tron Tron Tron Tron Tron Tron Other Opposition organizations organizations before obted 00 <	Name and Title		`						•		
how is for organizations below of and ine) is get reg is											
below dotted ine 00 g g g g g 00 g g g g g 00 g g g g g g g 00 g g g g g g g g g 00 g g g g g g g g g g g g g g 00 g g g g g g g g g g g g g g g g g g g								, 			
below dotted ine 00 g g g g g 00 g g g g g 00 g g g g g g g 00 g g g g g g g g g 00 g g g g g g g g g g g g g g 00 g g g g g g g g g g g g g g g g g g g			r dir	nstit	Office	ey e	mplo	om		(W-2/1099-MISC)	
(1)MARC SHORT 50.00 x x 72,917. 0. 5,847. (2)KELLY BULLOCH 1.00 x x 72,917. 0. 5,847. (2)KELLY BULLOCH 1.00 x 62,500. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. (6)MARK HOLDEN 30.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. <t< td=""><td></td><td></td><td>dual</td><td>ution</td><td>Pr</td><td>mpl</td><td>st o</td><td>er</td><td>(W-2/1099-MISC)</td><td></td><td>Ũ</td></t<>			dual	ution	Pr	mpl	st o	er	(W-2/1099-MISC)		Ũ
(1)MARC SHORT 50.00 x x 72,917. 0. 5,847. (2)KELLY BULLOCH 1.00 x x 72,917. 0. 5,847. (2)KELLY BULLOCH 1.00 x 62,500. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. (6)MARK HOLDEN 30.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. DIRECTOR 0. <t< td=""><td></td><td></td><td>r trus</td><td>al tr</td><td></td><td>суее</td><td>duo</td><td></td><td></td><td></td><td></td></t<>			r trus	al tr		суее	duo				
(1)MARC SHORT 50.00 x 72,917. 0. 5,847. (2)KELLY BULLOCH 1.00 0. x 62,500. 0. 0. DIRECTOR 0. x 62,500. 0. 0. 0. (3)KEVIN GENTRY 1.00 0. x 0. 0. 0. (4)DALE GIBBENS 1.00 x 0. 0. 0. 0. (5)MARK HOLDEN 30.00 x 0. 0. 0. 0. (6)MARK HOLDEN 30.00 x 0. 0. 0. 0. (7)BRIAN HOLDEN 30.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0.		,	stee	uste			ensa				0
PRESIDENT 5.00 x x x 72,917. 0. 5,847. (2)KELLY BULOCH 1.00 x 62,500. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 62,500. 0. 0. (4)DALE GIBBENS 1.00 x 0. 0. 0. 0. (5)MARK HOLDEN 30.00 x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (6)NATH HOOKS 1.00 x 0. 0. 0. 0. 0. DIRECTOR 0. x 0.				õ			ated				
PRESIDENT 5.00 x x x 72,917. 0. 5,847. (2)KELLY BULOCH 1.00 x 62,500. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 62,500. 0. 0. (4)DALE GIBBENS 1.00 x 0. 0. 0. 0. (5)MARK HOLDEN 30.00 x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (6)NATH HOOKS 1.00 x 0. 0. 0. 0. 0. DIRECTOR 0. x 0.											
(2)KELLY BULLOCH 1.00 x 62,500. 0. 0. DIRECTOR 0. x 62,500. 0. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 0. 0. 0. (4)DALE GIBBENS 1.00 x 0. 0. 0. 0. (5)MARK HOLDEN 30.00 x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 x 0. 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (9)EMILY SEIDEL 50.00 x <			-								
DIRECTOR 0. x 62,500. 0. 0. (3)KEVIN GENTRY 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. (4)DALE GIBBENS 1.00 x 0. 0. 0. (5)MARK HOLDEN 30.00 x 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. DIRECTOR 0. x 50,004. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. DIRECTOR 0. x 0. 0. <			Х		Х				72,917.	0.	5,847.
(3)KEVIN GENTRY 1.00 x 0.			-								_
DIRECTOR 0. x 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>62,500.</td><td>0.</td><td>0.</td></t<>			X						62,500.	0.	0.
(4)DALE GIBBENS 1.00 X 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. (5)MARK HOLDEN 30.00 X 0. 0. 0. 0. (6)MESTOR WEIGAND, JR. 1.00 X 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 X 0. 0. 0. 0. DIRECTOR 0. X 50,004 0. 0. 0. DIRECTOR 0. X 404,784. 0. 37,061. (10)WAYNE GABLE 1.000 X 0. 0. 0. VP-FINANCIAL PLANNING/ANALYSIS 5.00 X 224,264. 0. 7,632. (13)JULIE STRAUSS <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
DIRECTOR 0. X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(5)MARK HOLDEN 30.00 x 0. 0. 0. CHAIRMAN 1.00 x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. DIRECTOR 0. x 50,004. 0. 0. 0. OBRECTOR 0. x 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 x 404,784. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (10)WAYNE GABLE 1.00 x 404,784. 0. 37,061. 0. (11)JOSH FISHER 50.00 x 224,264. 0. 7,632.											0
CHAIRMAN 1.00 x 0. 0. 0. 0. (6)NESTOR WEIGAND, JR. 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (7)BRIAN HOOKS 1.00 x 0. 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (8)RANDY LAIR 1.00 x 50,004. 0. 0. 0. DIRECTOR 0. x 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 x 404,784. 0. 0. DIRECTOR 0. x 0. 0. 0. (11)JOSH FISHER 50.00 x 224,264. 0. 7,632. (12)ROBERT HEATON 50.00 x 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 x 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 x 352,606. 0. 31,337. <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			X						0.	0.	0.
(6)NESTOR WEIGAND, JR. 1.00 x 0.			37						0	0	0
DIRECTOR 0. X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(7)BRIAN HOOKS 1.00 x 0 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (8)RANDY LAIR 1.00 x 50,004. 0. 0. 0. DIRECTOR 0. x 50,004. 0. 0. 0. (9)EMILY SEIDEL 50.00 x 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (11)WAYNE GABLE 1.00 x 0. 0. 0. 0. 0. (11)JOSH FISHER 50.00 x 224,264. 0. 7,632. (12)ROBERT HEATON 50.00 x 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 x 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 x 352,606. 0. 31,337.			37						0	0	0
DIRECTOR 0. X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(8)RANDY LAIR 1.00 x 50,004. 0. 0. DIRECTOR 0. x 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 x 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. (11)JOSH FISHER 50.00 x 224,264. 0. 7,632. (12)ROBERT HEATON 50.00 x 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 x 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 X 352,606. 0. 31,337.			v						0	0	0
DIRECTOR 0. X 50,004. 0. 0. (9)EMILY SEIDEL 50.00 404,784. 0. 37,061. DIRECTOR & EXECUTIVE VP 1.00 X 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 X 0. 0. 0. 0. 0. DIRECTOR 0. X 0.									0.	0.	0.
(9) EMILY SEIDEL 50.00 x 404,784. 0. 37,061. DIRECTOR & EXECUTIVE VP 1.00 x 0. 0. 37,061. (10) WAYNE GABLE 1.00 x 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. (11) JOSH FISHER 50.00 x 224,264. 0. 7,632. (12) ROBERT HEATON 50.00 x 245,094. 0. 16,658. (13) JULIE STRAUSS 50.00 x 352,606. 0. 31,337. (14) DUSTIN PERRY 5.00 x 352,606. 0. 31,337.			v						E0 004	0	0
DIRECTOR & EXECUTIVE VP 1.00 X 404,784. 0. 37,061. (10)WAYNE GABLE 1.00 X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. (11)JOSH FISHER 50.00 X 224,264. 0. 7,632. (12)ROBERT HEATON 50.00 X 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 X 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 X 352,606. 0. 31,337.									50,004.	0.	
(10)WAYNE GABLE 1.00 0. 16.658. 0. 31.337. 0. 31.037. 352.606. 0. 31.337. 0. 0.			v						404 784	0	37 061
DIRECTOR 0. x 0.									101,701.	0.	57,001.
(11)JOSH FISHER 50.00 X 224,264. 0. 7,632. VP-FINANCIAL PLANNING/ANALYSIS 50.00 X 245,094. 0. 16,658. (12)ROBERT HEATON 50.00 X 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 X 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 X 352,606. 0. 31,337.			v						0	0	0
VP-FINANCIAL PLANNING/ANALYSIS 5.00 X 224,264. 0. 7,632. (12)ROBERT HEATON 50.00 X 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 X 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 X 352,606. 0. 31,337.									0.	0.	
(12)ROBERT HEATON 50.00 X 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 X 352,606. 0. 31,337. (14)DUSTIN PERRY 5.00 X 352,606. 0. 31,337.					x				224.264	0	7.632
CFO/TREASURER 5.00 X 245,094. 0. 16,658. (13)JULIE STRAUSS 50.00 X 352,606. 0. 31,337. CHO/TREASURER 5.00 X 352,606. 0. 31,337.									221/2011		
(13)JULIE STRAUSS 50.00 x 352,606. 0.31,337. (14)DUSTIN PERRY 5.00 x 352,606. 0.31,337.	<u> </u>				х				245,094.	0.	16,658.
SECRETARY 5.00 X 352,606. 0. 31,337. (14) DUSTIN PERRY 5.00 Image: Constraint of the second secon											
(14)DUSTIN PERRY 5.00					х				352,606.	0.	31,337.
									,		, · ·
					Х				0.	0.	0.

-	990 (2016) rt VII Section A. Officers, Directors, Tru	istees Ke	v Fm	nlo	vee	25	and H	lia	hest Compensat	ed Employ	vees (c	ontinue		age 8
	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not ch unles r and	C Posi neck s pe	;) ition more rson irect	e than c is both or/trust	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	able on from d tions	Es am com fro	(F) timated ount of other pensatic om the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	nizatior related nization	I
15)	NICHOLAS DUNN VP OF DEVELOPMENT	50.00	-				x		278,087.		0.		28,7	25
16)		50.00	-				x		485,499.		0.		35,2	
17)	MICHAEL LANZARA VP MEMBER RELATIONS	50.00	-				x		745,546.		0.		37,6	
18)	PAUL MORRELL VP COMMUNICATIONS	50.00	-				x		325,351.		0.		14,0	
19)		50.00	-				x		266,764.		0.		20,6	
			-											
			-											
			-											
			-											
			-											
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A				•••			1,412,169. 2,101,247.		0.	1	98,5 36,3	30
-	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose l	iste				► o re	3,513,416.	\$100,000	0. of	2	34,8	65
	reportable compensation from the organization		48										Yes	N
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schede</i>											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations groups and the sorganization of the sorganization	eater than	\$15	0,00	00?	lf	"Yes	s,"	complete Schedu	sation from le J for	the such		v	
5	individual	accrue co	mpen	satio	on f	ron	n any	un	related organizati			4	X	v
-	for services rendered to the organization? If "Ye ction B. Independent Contractors											5		Х
1	Complete this table for your five highest com compensation from the organization. Report o year.													
	(A) Name and business add	lress							(B) Description of se	ervices	C	(C) ompens	ation	
ΑΊ	TACHMENT 1													
														_
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				niteo		6 thos	e l	isted above) who	received				

Par	t VII							
		Check if Schedule O cc	ontains a respor	nse or note to ar	ny line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events	1b 1c 1d itions) 1e grants, 1f in lines 1a-1f: \$	1,197,990. 44,989.	1,197,990.			
Jue				Business Code				
Program Service Revenue	2a b c d	MEMBERSHIP DUES		900099	144,622,126.	144,622,126.		
gra	e f	All other program service rev	20110					
Pro	g	Total. Add lines 2a-2f		·	144,622,126.			
	3	Investment income (inc and other similar amounts).	cluding dividen	ids, interest, ►	6,114.			6,114.
	4	Income from investment of	•	•	0.			
	5	Royalties			0.			
	6a b	Gross rents	(i) Real 142,034. 229,316.	(ii) Personal				
	С	Rental income or (loss)	-87,282.					
	d	Net rental income or (loss)			-87,282.			-87,282.
	7a	Gross amount from sales of	(i) Securities	(ii) Other	-			
	b	assets other than inventory Less: cost or other basis and sales expenses	1,364,753.	120,381.				
	с	Gain or (loss)	97,657.	120,381.				
	d	Net gain or (loss)			218,039.			218,039.
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
ŏ		Less: direct expenses						
	c	Net income or (loss) from fu	-	· · · · · · · · · · · · · · · · · · ·	0.			
	9a	Gross income from gaming See Part IV, line 19 Less: direct expenses	a		-			
	b c	Net income or (loss) from g			0.			
	10a	Gross sales of inventor returns and allowances	ory, less	0.				
	b c	Less: cost of goods sold Net income or (loss) from sal			0.			
		Miscellaneous Revenu	e	Business Code				
	11a	FEE INCOME		900099	298,770.		286,270.	12,500.
	b	SEMINARS		900099	29,012.			29,012.
	с	SERVICES & BENEFITS		900099	303,178.		303,178.	
	d	All other revenue		900099	164,144.			164,144.
	e	Total. Add lines 11a-11d			795,104.			
JSA	12	Total revenue. See instructio	ns.	<u></u>	146,752,091.	144,622,126.	589,448.	342,527.

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 77,566,000 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,510,704. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 19,579,638 7 Other salaries and wages 8 Pension plan accruals and contributions (include 558,607 section 401(k) and 403(b) employer contributions) 1,528,519 Other employee benefits 9 1,376,145. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 128,158 **b** Legal 131,605. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 5,099,604. (A) amount, list line 11g expenses on Schedule O.) 30,180 12 Advertising and promotion 998,772. 13 Office expenses 822,459 14 Information technology 0 Royalties 15 4,912,534. Occupancy 16 1,760,263. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 4,609,338 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 2,044,881. 22 Depreciation, depletion, and amortization 182,396. 23 Insurance 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.) aLICENSE FEES 1,783,535. **h**HEALTHCARE COSTS 526,000 70,703 cEQUIPMENT RENTAL/MAINTENANCE dREGISTRATION/PROCESSING FEES 158,548 220,304. e All other expenses 125, 598, 893. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA 6E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Page	1	1
гаче		

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 15,397,721. 16,742,777. Cash - non-interest-bearing 1 1 898,735. 678,943. Savings and temporary cash investments 2 2 0. Pledges and grants receivable, net 0. 3 3 2,571,372. 926,621. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0. 0. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 0 0. organizations (see instructions). Complete Part II of Schedule L 6 Assets Notes and loans receivable, net 0. Ο. 7 7 0. Inventories for sale or use 0. 8 8 Prepaid expenses and deferred charges 3,525,870. 1,279,589. 9 q 10a Land, buildings, and equipment: cost or 6,867,967. 10a other basis. Complete Part VI of Schedule D 3,062,196. 4,902,175. 3,805,771. 10c Investments - publicly traded securities 0. 19,838. 11 11 23,294,301. Investments - other securities. See Part IV, line 11 24,714,962. 12 12 Investments - program-related. See Part IV, line 11 0. 13 0 13 0. 0. 14 14 Intangible assets 207,785. 28,903. Other assets. See Part IV, line 11 15 15 50,797,959. 48,197,404. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,377,775. 7,562,806. Accounts payable and accrued expenses 17 17 0. 18 0. 18 Grants payable 0. Ο. 19 Deferred revenue 19 0. 0. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 0. Ο. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 22 0. Secured mortgages and notes payable to unrelated third parties 0. Ο. 23 23 0. Unsecured notes and loans payable to unrelated third parties 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 0. 25 of Schedule D 7,562,806. Total liabilities. Add lines 17 through 25 8,377,775. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🕮 and complete lines 27 through 29, and lines 33 and 34. Fund Balances Unrestricted net assets 27 42,420,184. 27 40,634,598. Temporarily restricted net assets 28 0. 28 Ο. 29 Permanently restricted net assets 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and P complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net Total net assets or fund balances 42,420,184. 40,634,598. 33 33 Total liabilities and net assets/fund balances 50,797,959. 48,197,404. 34 34

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732750

Form 99	90 (2016)				Paç	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			52,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				93.
3	Revenue less expenses. Subtract line 2 from line 1	3				98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	2,42		84.
5	Net unrealized gains (losses) on investments	5				.47.
6	Donated services and use of facilities	6	-14	1,24	4,2	89.
7	Investment expenses	7				0.
8	Prior period adjustments	8				85.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 8	3,63	36,6	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	40),63	34,5	98.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	1				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?		1	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:		ŭ			
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversio	uht			
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent acc	-		2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	npiaiiT				
20	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Sa	the Single Audit Act and OMB Circular A-133?	ronn		Ba		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lorgo t	· · ⊢			
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
		unto.				

• •		_	
Sche	Aula		
JUIE	uule	D	

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2016

Internal Revenue Service	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.
Department of the Treasury	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.
	Allacii lo foini 990, foini 990-EZ, of foini 990-FF.

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Employer identification number

45-3732750

Organization type (check 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 foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	butors (See instructions). Use duplicate cop	· · ·	T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

art I Co	ontributors (See instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

120-0096939-0077672

Employer identification number 45-3732750

Part I	Contributors (See instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$25,037.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1253 1.000

art I Contri	ibutors (See instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$19,952.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Part I Contri	butors (See instructions). Use duplicate cop	bies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number 45-3732750

Part I Contril	outors (See instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1253 1.000

Schedule B (Form 990, 99	0-EZ, or 990-PF) (201	16)				Page 3
Name of organization	FREEDOM PAR	RTNERS CHAMB	R OF	COMMERCE,	INC.	Employer identification number

Noncash Property (See instructions). Use duplicate copies	s of Part II if additional space is nee	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
SECURITIES		
	\$\$	08/15/2016
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
SECURITIES		
	\$19,952.	12/28/2016
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given SECURITIES (b) Description of noncash property given SECURITIES (b) Description of noncash property given (b) Description of noncash property given	(b) C(2) Description of noncash property given FMV (or estimate) SECURITIES \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

45-3732750

JSA 6E1254 1.000

				45-3732750				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any o ons completing Part e year. (Enter this inf	one contributor. (III, enter the total ormation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.				
(a) No	Use duplicate copies of Part III if additi	ional space is neede	d.					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held				
		(e) Transfe	r of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
			·					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2016				

SCHEDULE C Political Campaign and Lobbying Activities									
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527									
Department of the Treasury Internal Revenue Service	 Complete if the organization is described b Information about Schedule C (Form 990 or 		Form 990 or Form 990-EZ. ons is at <i>www.irs.gov/form</i> 99	Open to Public ^{0.} Inspection					
v	ered "Yes," on Form 990, Part IV, line 3, or Forr	, ,	(Political Campaign Activities)	, then					
	 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. 								
	er than section 501(c)(3)) organizations: Complete	Parts I-A and C below. Do	o not complete Part I-B.						
5	ations: Complete Part I-A only. ered "Yes," on Form 990, Part IV, line 4, or Forn	n 990-E7 Part VI line 47 ((Lobhving Activities) then						
-	rganizations that have filed Form 5768 (election u			e Part II-B.					
	rganizations that have NOT filed Form 5768 (elect rered "Yes," on Form 990, Part IV, line 5 (Proxy ictions), then		•	•					
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.								
Name of organization			Employer identified	cation number					
	S CHAMBER OF COMMERCE, INC.		45-373275	-					
	te if the organization is exempt under								
1 Provide a descrip	otion of the organization's direct and indirect	political campaign act	ivities in Part IV. (see instr	ructions for definition					
of "political camp									
2 Political campaig	n activity expenditures (see instructions)		▶\$	1,638,975.					
3 Volunteer hours f	or political campaign activities (see instruction	ons)							
	te if the organization is exempt under								
1 Enter the amount	t of any excise tax incurred by the organization	on under section 4955	▶\$						
	t of any excise tax incurred by organization m								
	n incurred a section 4955 tax, did it file Form								
	made?			Yes No					
b If "Yes," describe			=						
	te if the organization is exempt under		• • • • • • • •						
	t directly expended by the filing organizatio			1,615,085.					
	t of the filing organization's funds contribute tion activities			23,890.					
•	nction expenditures. Add lines 1 and 2. Er			1,638,975.					
 4 Did the filing orga 5 Enter the names, organization mac the amount of point 	anization file Form 1120-POL for this year? addresses and employer identification numl le payments. For each organization listed, er plitical contributions received that were pror pregated fund or a political action committee (per (EIN) of all section nter the amount paid nptly and directly deliv	527 political organizatio from the filing organizatio vered to a separate politic	on's funds. Also enter al organization, such					
(a) Name	(b) Address	(c) EIN	(d) Amount paid from (e) Amount of political					
			funds. If none, enter -0	ntributions received and promptly and directly elivered to a separate olitical organization. If none, enter -0					
(1) FREEDOM PARTN	ERS 2300 WILSON BLVD.								
ACTION FUND,	INC. ARLINGTON, VA 22201	47-1065433	23,890.	0.					
(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) 2016

Sch	nedule C (Form 990 or 990-EZ) 2016 FREEDO	M PARTNERS CHAMBER OF COMMERCE,	INC. 45-3	3732750 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (ele	ction under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expense		roup member's
В	Check ► if the filing organization	checked box A and "limited control" provis	ions apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	b Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1)	a and 1b)		
C	d Other exempt purpose expenditures			
e	e Total exempt purpose expenditures (add	l lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.			
	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.		
		i% of line 1f)		
ł	n Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i		ss, enter -0-		
j		on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?	<u></u>		Yes 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 separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Page 3

Cabadula C	(Earm	000	~ 000	EZ) 2016	
Schedule C		990 0	JI 990-	EZ) 2010)

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)).

Eor	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
	cription of the lobbying activity.	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	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			
с	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?	1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х

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	144,622,126.
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).		
а	Current year	2a	3,066,100.
	Carryover from last year.	~ 1	
	Total.	-	3,066,100.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		26,772,964.
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		
		4	
5	and political expenditure next year?	5	0.
	(Nf) or and a large set of the farmer of the set		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART I-A, LINE 1

FREEDOM PARTNERS PROVIDED ADMINISTRATIVE SUPPORT FOR AN INDEPENDENT

POLITICAL ACTION COMMITTEE. FREEDOM PARTNERS ALSO GAVE GRANTS TO

ORGANIZATIONS THAT WERE TAX EXEMPT UNDER 501(C)(4) WHICH USED A PORTION

OF THOSE GRANTS FOR POLITICAL ACTIVITES.

Schedule C (Form 990 or 990-EZ) 2016

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990) Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization							OMB No. 1545-0047 2016 Open to Public Inspection	
	-					Em		
		CHAMBER OF COMMERCE,			ilar Funda ar		45-37327	50
Pa		tions Maintaining Donor Adv e if the organization answered				ACCO	bunts.	
	Complete		(a) Donor adv				(h) Funds and	other accounts
4	Total number at a	nd of yoor		nocuri				
1 2		nd of year of contributions to (during year)						
2		of grants from (during year)						
4		at end of year						
5		ion inform all donors and donor	advisors in writing t	hat th	he assets held	in do	nor advised	
	-	inization's property, subject to the	-					Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in	writii	ng that grant fu	nds d	can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or do	nor a	dvisor, or for a	ny otl	her purpose	
_		issible private benefit?						Yes No
Pa		tion Easements.	"Vee" on Form 000	Dor	t IV / line 7			
1		e if the organization answered servation easements held by the						
•		n of land for public use (e.g., rec				of a h	uistorically im	portant land area
		of natural habitat			Preservation		-	
		n of open space				0. 4 0		
2		through 2d if the organization h	eld a qualified conserv	vatior	n contribution in	the fo	orm of a con	servation
		ast day of the tax year.			[End of the Tax Year
а	Total number of co	onservation easements				2a		
b	Total acreage rest	tricted by conservation easements	3			2b		
С		vation easements on a certified				2c		
d		rvation easements included in (c						
		isted in the National Register				2d		
3		rvation easements modified, trar	isterred, released, ext	ingui	sned, or termina	ated	by the organ	nization during the
4	tax year ►	where property subject to conse	rvation easement is lo	cated				
5		ation have a written policy reg				on. r	nandling of	
•		orcement of the conservation ea						Yes No
6		hours devoted to monitoring, inspec						
	▶							
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violati	ions, a	and enforcing co	onser	vation easem	nents during the year
	▶\$							
8		vation easement reported on line 2						
9)(4)(B)(ii)? be how the organization reports						
9		d include, if applicable, the text of						
		counting for conservation easeme		organ				
Pa		tions Maintaining Collections		reas	ures, or Other	Sim	ilar Assets	
	Complete	e if the organization answered	"Yes" on Form 990,	, Par	t IV, line 8.			
1a	If the organization	n elected, as permitted under SI	AS 116 (ASC 958),	not te	o report in its r	even	ue statemen	t and balance sheet
	works of art, hist	n elected, as permitted under SI corical treasures, or other simila vide, in Part XIII, the text of the fo	ar assets held for pu potnote to its financial	iblic state	exhibition, educ	cribes	 or researces these items 	ch in furtherance of
b		n elected, as permitted under						
	works of art, hist	orical treasures, or other simila	ar assets held for pu					
		vide the following amounts relation					k -	
		ded in Form 990, Part VIII, line 1						
n		d in Form 990, Part X						
2		s required to be reported under S						a gan, provide the
а		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.				Sch	edule D (Form 990) 2016

For Paperwo	rk Redu	ction Act	Notice, see th	e Instructions	for Forn	n 990 .
JSA						
6E1268 1.000						
908	BFA KS	922 11	/14/2017	5:25:16	PM	V 16-7.6F

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

45-3732750	
15 5752750	

Terminal Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Using the organization's accession, and other records, check any of the following that are a significant use of its collection when (or future generations) a Bio the organization's accession, and other records, check any of the following that are a significant use of its collection when (or future generations) b Control of future generations c Bio the organization's acception of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit orase funds rather than to be maintained as part of the organization's collection? Yess No Partive Escow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yess No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. c Beginning balance Image: Complete if the organization solution on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check hary if the explanation has been provided on Part XIII. Yes' on Form 990, Part IV, line 10. c Complete if the organization answered 'Yes' on Form 990, Par	Scher	dule D (Form 990) 2016					///////////////////////////////////////	CL,	1110.		15 575	2750	Page	2
3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a b b Public axhibition c b Other	1		na Colle	ections of	Art. His	torical T	reasu	res.	or Oth	ner Simila	ar Asse	ts (cont	5	=
collection times (check all that apply): d Loan or exchange programs a Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 3 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to riage funds rather than to be maintained as part of the organization's collection? Yes implement 4 Provide a description of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes implements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Implements. Yes implements. c Beginning balance Implements. Yes implements. Yes implements. c Beginning balance Implements. Implements. Yes implements. c Beginning balance Implements. Implements. Implements. c Distributions during the year. Implements. Implements. Implements. c Distributions during the year. Implements. Implements. Implements. c Beginning of year balance Implements. Implements. Implements. Implements. c Melling balance			-									•	,	 3
a Public exhibition d Cloar or exchange programs c Preservation for future generations e Other	-			,		,								
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartNI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrew or Custodial account liability? Yes No b If 'Yes, ''explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. PartNII PartNII Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: PartNIII (Pres.''explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. PertNIII (Pres.''explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Tree years back. (d) Three years back. (e) Four years back.	а		,		d	Loan	or exch	ange	prograi	ns				
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 XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection'	b	Scholarly research			e			-						
Pervide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. During the year, dd 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?	с		rations				-							
XIII. 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 "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Ves" on Form 990, Part X, line 21. Yes No b If "Ves," explain the arrangement in Part XIII and complete the following table: Ind Ind </th <th>4</th> <th></th> <th></th> <th>collections</th> <th>s and expla</th> <th>ain how t</th> <th>they fu</th> <th>rther</th> <th>the or</th> <th>ganization's</th> <th>s exemp</th> <th>t purpose</th> <th>in Par</th> <th>t</th>	4			collections	s and expla	ain how t	they fu	rther	the or	ganization's	s exemp	t purpose	in Par	t
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XIII and complete the following table:					·					5	•			
Part IV Escrow and Custodial Arrangements. Complete if the organization an severed "Yes" on 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?. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No c Beginning balance 1d Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes No Cart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes Yes No 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	5	During the year, did the organization	on solicit	or receive of	donations o	of art, histo	orical ti	reasu	res, or	other simila	ar			
Complete if the organization answered "Yes" on 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Amount d Additions during the year d Id e Distributions during the year f Ending balance d Additions during the year a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year d Grants or scholarships d Grants or scholarships d Grants or scholarships g End of year balance f Administrative expenses g End of year balance f Administrative expens		assets to be sold to raise funds rath	ner than t	o be maint	ained as pa	art of the o	organiz	ation	s colled	ction?	[Yes	No	c
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? included on Form 990, Part X? 0 bf "Yes," explain the arrangement in Part XIII and complete the following table: 1a Editions during the year 1b 1c 1c 1d 1d Image: the arrangement in Part XIII and complete the following table: 1b Trees," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1d Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization asses. 1d Grants or scholarships. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1d Beadinated percentage of the current year end balance (line 1g, column (a)) held as: 1d Board designated or quasi-endowment \scale % 1d Are there endowment th	Par	t IV Escrow and Custodial Ar	rangem	ents.										-
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,'' kyllain the arrangement in Part XIII and complete the following table: Amount c Additions during the year Ic d Additions during the year Ic e Distributions during the year Ic 1d Ic Ic Ic 2a Did the organization include an amount on Form 990, Part X. line 21, for escrow or custoddial account liability? Yes No b If 'yes,'' kyllain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b Ornplete if the organization answered "Yes" on Form 990, Part IV. line 10. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. c Net investment earnings, gains, and losses			ion ansv	wered "Ye	s" on Forr	n 990, Pa	art IV,	line §	9, or re	ported an	amoun	t on Forr	n	
Included on Form 990, Part X2 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back. (c) Four years back. a Beginning of year balance		990, Part X, line 21.												
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1e d Additions during the year 1e f Ending balance 1e f Ending balance 1e f Ending balance 1e f Ending balance 1f 2a Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. No b Contributions (a) Current year (b) Prior year (c) Two yeans back (d) Three yeans back (e) Four years back. a Grants or scholarships	1a	Is the organization an agent, truste	e, custo	dian or othe	er intermed	liary for c	ontribu	itions	or othe	r assets no	t _			_
c Beginning balance Ite d Additions during the year Ite e Distributions during the year Ite 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. c Net investment earnings, gans, and losses Image: and part account liability? Yes d Grants or scholarships Image: and part account liability? Image: and part account liability? Image: and part account liability? d Grants or scholarships Image: and part account liability? Image: and part account liability? Image: and part account liability? d Grants or scholarships Image: and part account liability? Image: and part account liability? Image: and part account liability? g End of year balance Image: and part account liability? Image: and part account liability? Image: and part accoun		included on Form 990, Part X?									[Yes	No.	2
c Beginning balance 1c 1d d Additions during the year 1d 1d 2a Distributions during the year 1e 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Four years back 1a Beginning of year balance (d) Unrest year (d) Three years back (e) Four years back (e) Four years back 1a Beginning of year balance (d) Unrest year (d) Three years back (e) Four years back (e) Four years back 1a Grants or scholarships (d) Current year (d) Decision (d) Three years back (e) Four years back 1a	b	If "Yes," explain the arrangement in	n Part XI	II and com	plete the fo	llowing tab	ole:							
d Additions during the year 1d e Distributions during the year 1f 1 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custoded on Part XIII No b If *Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance										A	mount			
e Distributions during the year	С	Beginning balance						1c						
f Ending balance Image: I	d	Additions during the year						1d						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Four years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back f) Administrative expensions (f) Four years back f) Administrative expensions f) Administrative expensions f) Administrative expensions f) Administrative expensions f) Administrative expenses f) Administrative expensio	е	Distributions during the year						1e						
b If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (c) (c) Two years back (d) Three years back (e) Four years back 1c Net investment earnings, gains, and losses (c) (c) Two years back (e) Four years back 1c Other expenditures for facilities and programs (c) (c) Two years back (e) Four years back 2 Other expenditures for facilities and programs (c) (c) Two years back (e) Four years 2 Porvide the estimated percentage of the current year end balance (line 1g, column (a))	f	Ending balance												
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a	Did the organization include an am	ount on	Form 990,	Part X, line	e 21, for e	scrow	or cu	stodial	account lia	bility?	Yes		2
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back 5 Contributions (c) Two years back (d) Three years back (e) Four years back 6 Grants or scholarships (c) Two years back (d) Three years back (e) Four years back 6 Grants or scholarships (c) Two years back (d) Three years back (e) Four years back 6 Grants or scholarships (c) Two years back (d) Three years back (e) Four years back 6 Grants or scholarships (c) Two years back (d) Three years back (e) Four years back 7 Administrative expenses (c) Two years back (d) Three years back (e) Four years back 9 End of year balance (f) The years back (f) The years back (f) The years back (f) The years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (f) The ye	b	If "Yes," explain the arrangement in	n Part XI	II. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII				_
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Par													
1a Beginning of year balance		Complete if the organizat	ion ansv	vered "Yes	s" on Forn	n 990, Pa	art IV,	line 1	0.					
b Contributions			(a) Cu	rrent year	(b) Pric	or year	(c) ⊺v	vo year	s back	(d) Three y	ears back	(e) Four y	ears back	
c Net investment earnings, gains, and losses	1a	Beginning of year balance												
and losses	b	Contributions												
d Grants or scholarships	с	Net investment earnings, gains,												
e Other expenditures for facilities and programs		and losses												_
and programs	d	Grants or scholarships												
f Administrative expenses	е	Other expenditures for facilities												
g End of year balance		and programs												
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 ▶% d The percentages on 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 (iii) related organizations (ivestrinet) (ivestrinet) (ivestrinet) (ivestrinet) (ivestrinet) (ivestrinet) (ivestrinet) (ivestrinet) (c) Accumulated (d) Book value (other) (d) Book value (other) (d) Book value (other) (investrinet) (ivestrinet) (ivestrinet)<	f	Administrative expenses												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on 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	g	End of year balance												
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations	2			irrent year	end balanc	e (line 1g,	colum	n (a))	held as	:				
c Temporarily restricted endowment ▶% The percentages on 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:	а		nent 🕨		_%									
The percentages on 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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land b Buildings 2,237,457. 1,101,246. 1,136,211. c Leasehold improvements 2,237,457. 1,960,950. 2,669,560. e Other 3,805,771.														
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 (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) cost or other basis (ob) cost or other basis (ob cost or other basis (other) (c) Accumulated (d) Book value (d) Book value (investment) (investment) (investment) (investment) (investment) (investment) (investment)	С													
organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land	_													
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land (investment) c Leasehold improvements 2,237,457. c Leasehold improvements 4,630,510. e Other 4,630,510. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 3,805,771.	3a		the poss	ession of th	he organiza	ation that	are he	ld and	d admir	histered for	the			_
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		c												
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land														_
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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														_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 ..				30		_
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-	Describe in Part XIII the intended u	ises of th	ne organiza	ition's endo	wment fur	nds.							_
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	Complete if the organiza	tion ans	wered "Ye	s" on For	m 990, P	Part IV.	line	11a. S	ee Form s	990, Pai	t X, line	10.	
1a Land a Land b Buildings a Land c Leasehold improvements 2,237,457. d Equipment 4,630,510. e Other a Land Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). > 3,805,771.		Description of property		(a) Cost or	other basis	(b) Cost of	or other b		(c) Acc	cumulated				-
b Buildings	12	Land		(inves	stment)	(o	ther)		depr	eciation				—
c Leasehold improvements 2,237,457. 1,101,246. 1,136,211. d Equipment 4,630,510. 1,960,950. 2,669,560. e Other														—
d Equipment 4,630,510. 1,960,950. 2,669,560. e Other Image: Column (d) must equal Form 990, Part X, column (B), line 10c. 3,805,771.						2 2 2	27 /	57	1 1	01 246		1 1 2	6 211	_
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). > 3,805,771.	-													_
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,805,771.						<u> </u>		<u> </u>	1,9	.00,950.		2,00	,500	<u>.</u>
			(d) mus	t paulal For	n 000 Daw	X colum	n (R) //	no 10	<u></u>			2 20	5 771	_
	Tota	. Aud mies la mough le. (Column	(u) mus	i equal FUI	11 990, Fall	л, сошти	н (<i>D)</i> , III		0./		Sahad			_

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732750 Schedule D (Form 990) 2016 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INVESTMENT IN SUBSIDIARY 24,714,962. FMV (B) (C) (D) (E) (F) (G) (H) 24,714,962. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6)

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII JSA 6E1270 1.000 Schedule D (Form 990) 2016

(7) (8)

Schedu	le D (Form 990) 2016		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С			
d			
е		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b			
С		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
а			
-			
	Add lines 2a through 2d	2e	
-	-	3	
-			
-			
		1	
		4c	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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: 1 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants. 2d d Other (Describe in Part XIII.) 2d a Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c fortal revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> , line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements 1 c Add lines 4a and 4b 5 5 c Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> , line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements 1 <			
		art \/ line 1: Dor	t V line

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2016

JSA

6E1271 1.000

JSA 6E1226 1.000

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		омв no. 1545-0047 20 16
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 		Open to Public Inspection
Name of the organization		Employer ide	entification number
FREEDOM PARTNER	45-373	32750	
Part I General Ir	formation 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 X Yes the selection criteria used to award the grants or assistance?

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) AMERICANS FOR PROSPERITY							
1310 N COURTHOUSE ROAD, STE 700	75-3148958	501(C)(4)	48,700,000.				GENERAL SUPPORT
(2) VETS FOR ECONOMIC FREEDOM TRUST							
1310 N COURTHOUSE ROAD, STE 700	45-3593119	501(C)(4)	12,084,915.				GENERAL SUPPORT
(3) VETS FOR ECONOMIC FREEDOM TRUST							
1310 N COURTHOUSE ROAD, STE 700	45-3593119	501(C)(4)	515,085.				ADVOCACY
(4) YEM TRUST							
1310 N COURTHOUSE ROAD, STE 700	27-2936085	501(C)(4)	4,600,000.				GENERAL SUPPORT
(5) EVANGCHR4							
8400 WESTPARK DR., STE 100 MCLEAN, VA 22102	45-2324423	501(C)(4)	1,250,000.				GENERAL SUPPORT
(6) AMERICAN ENERGY ALLIANCE							
1155 15TH ST NW, STE 900	26-2731617	501(C)(4)	1,000,000.				GENERAL SUPPORT
(7) SUSAN B ANTHONY LIST							
1200 NEW HAMPSHIRE AVE NW, STE 750	54-1850126	501(C)(4)	500,000.				GENERAL SUPPORT
(8) WMC ISSUES MOBILIZATION COUNCIL INC							
501 E WASHINGTON AVE MADISON, WI 53703	39-1743887	501(C)(4)	500,000.				GENERAL SUPPORT
(9) COALITION FOR A STRONGER WV, INC.							
505 WYNTERHALL LANE CHARLESTON, WV 25309	47-5604847	501(C)(4)	450,000.				GENERAL SUPPORT
(10) REPUBLICAN JEWISH COALITION							
50 F ST NW, STE 100 WASHINGTON, DC 20001	52-1386172	501(C)(4)	150,000.				GENERAL SUPPORT
(11) AMERICAN COMMITMENT							
1300 PENNSYLVANIA AVE NW, #190-406	45-2600535	501(C)(4)	50,000.				GENERAL SUPPORT
(12) COALITION TO REDUCE SPENDING, INC.							
919 PRINCE STREET ALEXANDRIA, VA 22314	45-4429113	501(C)(4)	50,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list							

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

Schedule I (Form 990) (2016)

No

JSA 6E1288 1.000

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		OMB No. 1545-0047
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.		Open to Public
Department of the Treasury Internal Revenue Service	 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 		Inspection
Name of the organization		Employer ide	entification number
FREEDOM PARTNER	S CHAMBER OF COMMERCE, INC.	45-373	32750
Part I General In	formation on Grants and Assistance	•	
1 Does the organiz	ation 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?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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance
(1) INSTITUTE TO REDUCE SPENDING							
P.O. BOX 1031 ALEXANDRIA, VA 22313	61-1701005	501(C)(3)	50,000.				GENERAL SUPPORT
(2) MAINSTREET GROWTH PROJECT							
4601 N FAIRFAX DR, STE 1200	46-2520293	501(C)(4)	50,000.				GENERAL SUPPORT
(3) LIBRE INITIATIVE TRUST							
1310 N COURTHOUSE ROAD, STE 700	45-2686411	501(C)(4)	1,100,000.				ADVOCACY
(4) LIBRE INITIATIVE TRUST							
1310 N COURTHOUSE ROAD, STE 700	45-2686411	501(C)(4)	6,500,000.				GENERAL SUPPORT
(5)	_						
(6)	_						
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and		l pragnizations lis	l ted in the line 1 tek	 		⊾	1.
 a Enter total number of section so (c)(s) and a Enter total number of other organizations lis 							13.
						<u></u>	<u>+</u>

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

X Yes

No

Schedule I (Form 990) (2016)

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

(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
	(b) Number of recipients			

information. SCHEDULE I, PART I, LINE 2

TO SUPPORT THE ORGANIZATION, AS OUTLINED ABOVE, THE ORGANIZATION PROVIDED

GENERAL SUPPORT GRANTS TO THE ABOVE GRANTEES WHOSE ACTIVITIES ADVANCE THE

ORGANIZATION'S GOALS. ALL GRANTS WERE MADE PURSUANT TO SPECIFIC GRANT

LETTER AGREEMENTS, WHICH UNLESS OTHERWISE SPECIFIED, INCLUDED

PROHIBITIONS ON THE USE OF THE GRANT FUNDS. EXAMPLES OF PROHIBITED

ACTIVITIES ARE ACTIVITIES THAT WOULD VIOLATE FEDERAL, STATE OR LOCAL

LAWS, RULES OR REGULATIONS, OR THAT WOULD BE CONSIDERED POLITICAL OR

LOBBYING ACTIVITIES UNDER FEDERAL OR STATE LAW. THE GRANT LETTERS ALSO

CONTAINED A REVIEW AND MONITORING PROCEDURE WHICH REQUIRES REPORTS BY

JSA

Part III Grants and Other Assistance to Domestic Individuals. 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
3					
1					
5					
3					
7					
7 Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	bther additional

GRANTEE ON THE USE OF THE GRANT FUNDS UPON REQUEST, AND RETURN OF ANY

FUNDS USED IN VIOLATION OF THE AGREEMENT.

Page 2

	SCHEDULE J Compensation Information						047
(For	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest npensated Employees		୬ଲ	16	
		Complete if the organization	n answered "Yes" on Form 990, Part IV, line 2	3.			
	nent of the Treasury Revenue Service	► A	attach to Form 990. rm 990) and its instructions is at www.irs.gov/	form990	Open to	o Puk ectio	
	of the organization			Employer identificat			11
	0	ERS CHAMBER OF COMMERCE, IN	IC.	45-373275	50		
Part	Question	s Regarding Compensation					
		<u> </u>				Yes	No
1a			vided any of the following to or for a person provide any relevant information regarding		m		
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
		or companions	Payments for business use of perso				
		mnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as, maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the exp	e organization follow a written policy re penses described above? If "No," com	egarding payme plete Part III t	0		
2		prization require substantiation prior	to reimbursing or allowing expenses	incurred by a	1b		
2	-		/Executive Director, regarding the items				
	•				2		
3			nization used to establish the compensation	on of the			
J	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a			
	Comper	sation committee	X Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	X Form 99	0 of other organizations	X Approval by the board or compensa	ation committee			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to				
а			ayment?			X	
b	-		ntal nonqualified retirement plan?				X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each it	em in Part III.			
F	-	501(c)(3), 501(c)(4), and 501(c)(29) or					
5	•	sted on Form 990, Part VII, Section A, a contingent on the revenues of:	line 1a, did the organization pay or accrue	any			
а					5a		
b							
~	•	e 5a or 5b, describe in Part III.					
6			line 1a, did the organization pay or accrue	any			
	-	o contingent on the net earnings of:					
а	The organizat	on?			6a		
b	Any related o	rganization?			6b		
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
-			escribe in Part III		. 7		<u> </u>
8	-		paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				
9			ow the rebuttable presumption proced				
3		5					
						L	<u> </u>

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

Schedule J (Form 990) 2016

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOSH FISHER	(i)	174,578.	49,377.	309.	1,566.	6,066.	231,896.	0.
VP-FINANCIAL PLANNING/ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT HEATON	(i)	144,578.	100,000.	516.	5,769.	10,889.	261,752.	0.
2 ^{CFO/TREASURER}	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE STRAUSS	(i)	297,606.	55,000.	0.	17,769.	13,568.	383,943.	0.
3 ^{SECRETARY}	(ii)	0.	0.	0.	0.	0.	0.	0.
EMILY SEIDEL	(i)	204,067.	200,000.	717.	10,823.	26,238.	441,845.	0.
4 DIRECTOR & EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS DUNN	(i)	152,852.	125,000.	235.	11,692.	17,033.	306,812.	0.
5 ^{VP OF DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES DAVIS	(i)	285,391.	200,000.	108.	15,877.	19,380.	520,756.	0.
6 ^{SR VP COMMUNICATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL LANZARA	(i)	195,450.	550,000.	96.	17,679.	19,968.	783,193.	0.
7 ^{VP MEMBER RELATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL MORRELL	(i)	224,835.	100,000.	516.	13,481.	616.	339,448.	0.
8 VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD RIBBENTROP	(i)	161,615.	0.	105,149.	9,208.	11,396.	287,368.	0.
9 ^{SR VP POLICY}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016

Page 3

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

RICHARD RIBBENTROP

\$105,000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Employer identification number

2016

Open To Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

FRE	EDOM PARTNERS CHAMBER OF COMMERCE, INC. 45-3732						
Par	art 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 1	nonacah aon	(d) of determini tribution ar	
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.	44,989	. FMV		
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		• •				
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29		
						Ye	s No
30a	During the year, did the organizat				-		
	28, that it must hold for at least the	-					37
_	to be used for exempt purposes for		olding period?			30a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a			-			
_	contributions?					31	X
32a	Does the organization hire or use	-	-	-			
_	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column	a) is checked,		

describe in Part II.

6E1298 1.000 9088FA K922 11/14/2017 5:25:16 PM V 16-7.6F

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

Schedule M (Form 990) (2016)

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 9, COLUMN B

THE NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization		Employer identification number
FREEDOM PARTNERS C	HAMBER OF COMMERCE, INC.	45-3732750

FORM 990, PART I, LINE 1

UNITED STATES, THEREBY INCREASING OPPORTUNITY, INNOVATION, AND PROSPERITY FOR ALL AMERICANS. 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 BROADRANGE 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.

FORM 990, PART III, LINE 1

AND PROSPERITY FOR ALL AMERICANS. 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 IMPACT 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.

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	45-3732750

FORM 990, PART VI, SECTION A, LINE 2 CERTAIN BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS WITH OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6 THE ORGANIZATION HAS BOTH VOTING AND AND NON-VOTING MEMBERS. THE MEMBERSHIP BASE REPRESENTS SEVERAL HUNDRED BUSINESSES AND COVERS A DIVERSE RANGE OF INDUSTRIES AND GEOGRAPHIES.

FORM 990, PART VI, SECTION A, LINE 7A VOTING MEMBERS HAVE THE POWER TO ELECT DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B VOTING MEMBERS HAVE VARIOUS POWERS INCLUDING 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.

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 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 BOARD.

FORM 990, PART VI, SECTION B, LINE 12C DIRECTORS, OFFICERS, AND EMPLOYEES ARE COVERED UNDER THE CONFLICT OF

JSA 6E1228 1.000

Schedule O (Form 990 or 990-EZ) 2016						
Name of the organization	Employer identification number					
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	45-3732750					

INTEREST POLICY. LEGAL COUNSEL MEETS PERIODICALLY TO REVIEW THE POLICY AND ANY POTENTIAL CONFLICTS, AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B THE ORGANIZATION'S BOARD MEETS TO REVIEW AND APPROVE EXECUTIVE COMPENSATION ON AN ANNUAL BASIS. 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.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ALL REQUIRED DISCLOSURES AVAILABLE TO THE PUBLIC UNDER IRS REGULATIONS.

FORM 990, PART XI, LINE 9		
EQUITY IN EARNINGS OF SUBSIDIARIES	(\$ 8,636,663)	NT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DEMETER ANALYTICS SERVICES, INC 2300 CLARENDON BLVD STE 800 ARLINGTON, VA 22201	PROFESSIONAL	9,449,732.
RENAISSANCE ESMERALDA RESORT AND SPA 44-400 INDIAN WELLS LANE INDIAN WELLS, CA 92210	FACILITIES	952,779.

Schedule O (Form 990 or 990-EZ) 2016					
Name of the organization	Employer identification number				
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.	45-3732750				
	ATTACHMENT 1 (CONT'D)				

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
THE BROADMOOR HOTEL PO BOX 1439 COLORADO SPRINGS, CO 80901	FACILITIES	1,241,571.			
AEGIS STRATEGY LLC PO BOX 88003 COLORADO SPRINGS, CO 80908	CONSULTING	1,197,633.			
GEORGIA-PACIFIC TELEVISION 133 PEACHTREE STREET, N.E. ATLANTA, GA 30303	CONSULTING	990,856.			

Schedule O (Form 990 or 990-EZ) 2016

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

45-3732750

6

Department of the Treasury Internal Revenue Service

Name of the organization

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN (if	(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 FUN	D LLC	45-3739538					
2300 WILSON BLVD STE 500	ARLINGTON, V	VA 22201	PROJECTS	DE	890,000.	37,392.	FPCC
(2) AMERICAN STRATEGIES GROUP	LLC	45-5230496					
2300 WILSON BLVD STE 500	ARLINGTON, V	VA 22201	OUTREACH	DE	-8,195,353.	24,002,733.	AEG, LLC
(3) FREEDOM PARTNERS SHARED S	ERVICES LLC	45-5456929					
2300 WILSON BLVD STE 500	ARLINGTON, V	VA 22201	SUPPORT SVCS	DE	14,582,932.	3,502,370.	FPCC
(4) THE SEMINAR NETWORK		45-5230162					
2300 WILSON BLVD STE 500	ARLINGTON, V	VA 22201	MANAGEMENT	DE	-9,352,528.	23,992,628.	FPCC
(5) FREEDOM NETWORK BENEFITS		45-2663979					
2300 WILSON BLVD STE 500	ARLINGTON, V	VA 22201	BENEFITS	DE	6,623,488.	705,501.	FPCC
(6)							
			1				

Part II

JSA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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)(controlled entity?	
						Yes	No
(1) FREEDOM PARTNERS ACTION FUND, INC. 47-1065433							
2300 WILSON BLVD STE 500 ARLINGTON, VA 22201	POLITICAL	DE	527		FPCC	X	
(2) FREEDOM PARTNERS INSTITUTE, INC. 47-3438079							
2200 WILSON BLVD, STE 102-533 ARLINGTON, VA 22201-5426	PUBLIC ED	DE	501(C)(3)	7	FPCC	X	
(3)	_						
(4)	-						
(5)	_						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
		- country)					Yes	No		Yes	No	
(1)	_											
(2)							-					
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

	(b) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		
								Yes N
46-3335308								
	HOLDING COMPANY	DE	ASG	C-CORPORATION	303.	24,390,409.	100.0000	x
46-3309110								
	CONSULTING	DE	CAVOHOCO, INC.	C-CORPORATION	8,322.	16,164,791.	100.0000	x
46-3325739								
	CONSULTING	DE	CAVOHOCO, INC.	C-CORPORATION	0.	0.	100.0000	x
45-3147042								
	HOLDING COMPANY	DE	DBLDBL INC.	C-CORPORATION	0.	15,650,788.	100.0000	x
45-3149158								
	CONSULTING	DE	тносо	C-CORPORATION	18,848,990.	17,249,422.	100.0000	x
	1							
	46-3309110 46-3325739 45-3147042	Primary activity 46-3335308 46-3309110 CONSULTING 46-3325739 CONSULTING 45-3147042 HOLDING COMPANY 45-3149158	Primary activity Legal domicile (state or foreign country) 46-3335308 – 46-3309110 – 46-3309110 – CONSULTING DE 46-3325739 – CONSULTING DE 45-3147042 – 45-3149158 –	Primary activity Legal domicile (state or foreign country) Direct controlling entity 46-3335308	Primary activity Legal domicile (state or foreign country) Direct controlling entity Type of entity (C corp, S corp, or trust) 46-3335308	Primary activityLegal domicile (state or foreign country)Direct controlling entityType of entity (C corp, S corp, or trust)Share of total income46-3335308	Primary activityLegal domicile (state or foreign country)Direct controlling entityType of entity (C corp, S corp, or trust)Share of total incomeShare of end-of-year assets46-3335308	Primary activityLegal domicile (state or foreign country)Direct controlling entityType of entity (C corp, S corp, or trust)Share of total incomeShare of end-of-year assetsPercentage ownership46-3335308

JSA 6E1308 1.000 Schedule R (Form 990) 2016

FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

45-3732750

Schedule R (Form 990) 2016

Note: Complete line 1 if any entry is listed in Parts II, III, or 10 this schedule. Vertice <	Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.			
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? Image: Transaction engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 2 Gift, grant, or capital contribution to related organization(s). 1 X 4 Loars or loan guarantees to or for related organization(s). 1 X 4 Loars or loan guarantees to or for related organization(s). 1 X 5 Bit of answer to an guarantees by related organization(s). 1 X 6 Dividends from related organization(s). 1 X 7 Dividends from related organization(s). 1 X 8 Base of assets to related organization(s). 1 X 1 Loars or onhor expert organization(s). 1 X 1 Loars or onhor expert organization(s). 1 X 1 Loars or onhore solved organization(s). 1 X<	Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
b Gift, grant, or capital contribution for related organization(s). Gift, grant, or capital contribution form related organization(s). t Loans or ban guarantees to or for related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). g Sale of assets to related organization(s). g Sale of assets from related organization(s). g Sale of assets from related organization(s). g Sale of assets from related organization(s). g Exchange of assets with related organization(s). g Partormance of services or membership or fundraing solicitations for related organization(s). g Reimbursement paid to related organization(s). g Reimbursement paid to related organization(s) for expenses. g Reimbursement paid to related organization(s) for expenses. g Other transfer of cash or property to related organization(s). g Name of related organization(s) for expenses. g Other transfer of cash or property to related organization(s). g Name of related organization(s) for expenses. g Other transfer of cash or property to related organization(s). g Name of related organization(s) for information on who must complete this line, including covered relationships and transaction thresholds. g Other transfer of cash or property to related organization(s). g Presedon PARTNERS INSTITUTE, INC g Demetrer ANALYTICS SERVICES, INC. g Presedon PARTNERS INSTITUTE, INC g Demetrer ANALYTICS SERVICES, INC. g Presedon PARTNERS ACTION FUND g PREEDON PARTNERS ACTION FUND g PREEDON PARTNERS ACTION FUND h D D D D D D D D D D D D D D D D D D D			elated organizations list	ed in Parts II-IV?			
b GHt, grant, or capital contribution for related organization(s). 16 X c GHt, grant, or capital contribution for related organization(s). 16 X d Loans or ban guarantees to or for related organization(s). 11 X f Dividends from related organization(s). 11 X g Sale of assets to related organization(s). 11 X g Sale of assets to related organization(s). 11 X g Sale of assets to related organization(s). 11 X g Exchange of assets time related organization(s). 11 X g Exchange of assets to related organization(s). 11 X g Exchange of assets to related organization(s). 11 X g Exchange of assets to related organization(s). 11 X g Performance of services or membership or fundriaing solicitations for related organization(s). 11 X m Performance of aservices or membership or fundriaing solicitations for related organization(s). 11 X g Reimbursement paid to related organization(s) for expenses. 11 X m					1	a	X
c Gitt, grant, or capital contribution from related organization(s). 16 X d Loars or toan guarantees by related organization(s). 16 X f Dividends from related organization(s). 11 X g Sale of assets to related organization(s). 11 X g Sale of assets to related organization(s). 11 X g Lears or to assets to related organization(s). 11 X g Lease of advittes, equipment, or other assets to related organization(s). 11 X g Lease of facilities, equipment, or other assets to related organization(s). 11 X g Lease of facilities, equipment, or other assets to related organization(s). 11 X m Performance of services or membership or fundraising solicitations by related organization(s). 11 X m Performance of services or membership or fundraising solicitations by related organization(s). 11 X n Sharing of facilities, equipment, mailing factor of services or membership or fundraising solicitations or related organization(s). 11 X n Nating of facilities, equipment, mailing factor of services or membership or fundraising solicitation solitor on sector servi	b (Gift, grant, or capital contribution to related organization(s)			1	b X	
d Loans or loan guarantees to or for related organization(s). 1d X e Loans or loan guarantees by related organization(s). 11 X f Dividends from related organization(s). 11 X g Sale of assets to related organization(s). 11 X h Purchase of assets throm related organization(s). 11 X j Lease of facilities, equipment, or other assets for melated organization(s). 11 X i Lease of facilities, equipment, or other assets from related organization(s). 11 X i Performance of services or membership or fundraising solicitations for related organization(s). 11 X n Performance of services or membership or fundraising solicitations for related organization(s). 11 X n Sharing of facilities, equipment, analing lists, or other assets with related organization(s). 11 X n Sharing of facilities, equipment, analing lists, or other assets with related organization(s). 11 X n Sharing of facilities, equipment, analing lists, or other assets with related organization(s). 11 X g Reimbursement paid to related organization(s). 11 X 11 X g Reimbursement paid by related organization(s). 11 X 12 X <td>c (</td> <td>Gift, grant, or capital contribution from related organization(s)</td> <td></td> <td></td> <td>1</td> <td>с</td> <td>X</td>	c (Gift, grant, or capital contribution from related organization(s)			1	с	X
e Loans or loan guarantees by related organization(s). 1e X f Dividends from related organization(s). 1f X g Sale of assets to related organization(s). 1f X h Purchase of assets to melated organization(s). 1f X i Lease of facilities, equipment, or other assets to related organization(s). 1f X i Lease of facilities, equipment, or other assets from related organization(s). 1f X n Performance of services or membership or fundraining solicitations for related organization(s). 1f X n Performance of services or membership or fundraining solicitations for related organization(s). 1f X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1f X n Sharing of paid employees with related organization(s). 1f X n Reimbursement paid by related organization(s). 1f X n Other transfer of cash or property torelated organization(s). 1f X n Other transfer of ash or property from related organization(s). 1f X n Ut 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. 1f X	dl	Loans or loan guarantees to or for related organization(s)			1	d	X
f Dividends from related organization(s). If x g Sale of assets to related organization(s). If x h Purchase of assets the related organization(s). If x j Lease of facilities, equipment, or other assets to related organization(s). If x j Lease of facilities, equipment, or other assets to related organization(s). If x i Performance of services or membership or fundraising solicitations by related organization(s). If x m Performance of services or membership or fundraising solicitations by related organization(s). If x n Performance of services or membership or fundraising solicitations by related organization(s). If x n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). If x n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). If x n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). If x g Reimbursement paid by related organization(s). If x if x g Other transfer of cash or prope	e l	Loans or loan guarantees by related organization(s)			1	e	X
g Sale of assets to related organization(s). 1 x h Purchase of assets thre related organization(s). 11 x j Lease of facilities, equipment, or other assets to related organization(s). 11 x j Lease of facilities, equipment, or other assets from related organization(s). 11 x i Lease of facilities, equipment, or other assets from related organization(s). 11 x i Lease of facilities, equipment, or other assets from related organization(s). 11 x n Performance of services or membership or fundraising solicitations for related organization(s). 11 x n Performance of services or membership or fundraising solicitations for related organization(s). 11 x n Performance of services or membership or fundraising solicitations for related organization(s). 11 x n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 11 x n Other transfer of cash or property form related organization(s). 11 x n Other transfer of cash or property form related organization(s). 11 x 1 0 Name of related organization(s). 11 x 1 0 Name of related organization(s). 10 11		<i>c , c , , , , , , , , , ,</i>					
g Sale of assets to related organization(s). ig k	fl	Dividends from related organization(s)			1	f	X
h Purchase of assets from related organization(s). in in <td>g</td> <td>Sale of assets to related organization(s)</td> <td></td> <td></td> <td> 1</td> <td>g</td> <td>X</td>	g	Sale of assets to related organization(s)			1	g	X
i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets from related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s). m Performance of services or membership or fundraising solicitations by related organization(s). m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). m Reimbursement paid to related organiz							X
j Lease of facilities, equipment, or other assets from related organization(s). 1j X k Lease of facilities, equipment, or other assets from related organization(s). 1k X l Performance of services or membership or fundraising solicitations for related organization(s). 1m X n Performance of services or membership or fundraising solicitations for related organization(s). 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1m X n Name of related organization(s) for expenses. 1m X r Other transfer of cash or property to related organization(s). 1m X s Other transfer of cash or property transaction for information on who must complete this line, including covered relationships and transaction thresholds. 0 0 n Name of related organization 1m X 1m X 1 CavHocO, INC. E 8,250,000. CASH PAYMENT	il	Exchange of assets with related organization(s)			1	i	X
k Lease of facilities, equipment, or other assets from related organization(s) 1k x I Performance of services or membership or fundraising solicitations by related organization(s) 1n x In N in x in x In N in x in x In x in in	jl	Lease of facilities, equipment, or other assets to related organization(s)			1		X
I Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 11 X m Sharing of facilities, or other assets with related organization(s) 11 X o Sharing of paid employees with related organization(s) 10 X p Reimbursement paid to related organization(s) for expenses 10 X r Other transfer of cash or property to related organization(s), 11 X 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 related organization (b) Transaction (c) Name of related organization (c) Transaction (c) Method d determining amount involved (c) Name of related organization (c) Transaction (c) Method d determining amount involved (d) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (d) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (f) FR	•						
I Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 11 X m Sharing of facilities, or other assets with related organization(s) 11 X o Sharing of paid employees with related organization(s) 10 X p Reimbursement paid to related organization(s) for expenses 10 X r Other transfer of cash or property to related organization(s), 11 X 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 related organization (b) Transaction (c) Name of related organization (c) Transaction (c) Method d determining amount involved (c) Name of related organization (c) Transaction (c) Method d determining amount involved (d) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (d) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (f) FR	k l	Lease of facilities, equipment, or other assets from related organization(s)			1	k	X
m Performance of services or membership or fundraising solicitations by related organization(s). 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1m X o Sharing of paid employees with related organization(s). 1m X p Reimbursement paid to related organization(s) for expenses. 1p X q Reimbursement paid to related organization(s). 1r X r Other transfer of cash or property to related organization(s). 1r X 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. (d) (m) Name of related organization(s). (b) (c) Mame of related organization (b) (c) (d) Mame of related organization (c) (d) (d) Mame of related organization (d) (d) Method of determining amount involved (d) Name of related organization (d) Method of determining amount involved (d) Name of related organization (d) Method of determining amount involved (f) CAVHOCO, INC. B 8,250,000. CASH PAYMENT<	1.1	Performance of services or membership or fundraising solicitations for related organization(s)			1	I X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 1n X p Reimbursement paid to related organization(s) for expenses 1p X q Reimbursement paid to related organization(s) for expenses 1p X r Other transfer of cash or property to related organization(s). 1r X 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 related organization (b) Amount involved (c) (d) (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC. Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) (7,870. FMV (7,870. (7,870.	m l	Performance of services or membership or fundraising solicitations by related organization(s)			1	m X	
o Sharing of paid employees with related organization(s) 10 X p Reimbursement paid to related organization(s) for expenses 10 X q Reimbursement paid by related organization(s) for expenses 11 X r Other transfer of cash or property to related organization(s). 11 X 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) (a) Name of related organization 10 X (b) Amount involved Method of determining amount involved Method of determining amount involved (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Interface organization FUND L 277,870. FMV	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	X
p Reimbursement paid to related organization(s) for expenses 1p X q Reimbursement paid by related organization(s) for expenses 1r X r Other transfer of cash or property to related organization(s). 1r X 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. 6) Method of determining amount involved Name of related organization 1 CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) 1 277,870. FMV 1	ο 3	Sharing of paid employees with related organization(s)			1	_	X
q Reimbursement paid by related organization(s) for expenses if q x r Other transfer of cash or property to related organization(s). if x s Other transfer of cash or property from related organization(s). if x 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. if x (a) (b) (c) (c) (d) Name of related organization (b) (c) (c) (d) (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) L 277,870. FMV CASH PAYMENT							
q Reimbursement paid by related organization(s) for expenses 1 X r Other transfer of cash or property to related organization(s). 1 X 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) (a) (b) (c) (d) Name of related organization (a) (b) (c) (d) (a) Name of related organization (c) (d) (d) (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV	рI	Reimbursement paid to related organization(s) for expenses			1	p	X
r Other transfer of cash or property to related organization(s). 1r X s Other transfer of cash or property from related organization(s). 1r X 1 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. 1r X 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. (d) (d) (a) (a) (b) (c) (d) (d) (a) Name of related organization (f) (f) (f) (f) (f) (a) Name of related organization (f) (f) (f) (f) (f) (f) (f) (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (g) (g) (f) (f) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
s Other transfer of cash or property from related organization(s)	•						
s Other transfer of cash or property from related organization(s)	r (Other transfer of cash or property to related organization(s)			1	r	X
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) (b) (c) (d) Name of related organization Transaction (b) Amount involved (d) (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) L 277,870. FMV	s (Other transfer of cash or property from related organization(s)			1	s	X
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved (1) CAVHOCO, INC. B 8,250,000. CASH PAYMENT (2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Image: Comparison of the partner of the p	2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and transa	action thresh	olds.	
type (a-s)amount involved(1) CAVHOCO, INC.B8,250,000.CASH PAYMENT(2) DEMETER ANALYTICS SERVICES, INC.L303,178.FMV(3) FREEDOM PARTNERS INSTITUTE, INCQ275,743.CASH PAYMENT(4) DEMETER ANALYTICS SERVICES, INC.M9,449,732.FMV(5) FREEDOM PARTNERS ACTION FUNDL277,870.FMV(6)IIII							
(1) CAVHOCO, INC.B8,250,000.CASH PAYMENT(2) DEMETER ANALYTICS SERVICES, INC.L303,178.FMV(3) FREEDOM PARTNERS INSTITUTE, INCQ275,743.CASH PAYMENT(4) DEMETER ANALYTICS SERVICES, INC.M9,449,732.FMV(5) FREEDOM PARTNERS ACTION FUNDL277,870.FMV(6)II277,870.FMV		Name of related organization		Amount involved			0
(2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Statute B (Farm 200) 2016							
(2) DEMETER ANALYTICS SERVICES, INC. L 303,178. FMV (3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Statute B (Farm 200) 2016							P
(3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Schedwig B (Form 000) 2016	(1)	CAVHOLO, INC.	В	8,250,000.	CASH PA	INEN.	L
(3) FREEDOM PARTNERS INSTITUTE, INC Q 275,743. CASH PAYMENT (4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Schedule B (Form 000) 2016	<i></i>		Ŧ	202 170			
(4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Schodwle B (Form 000) 2016	(2)	DEMEIER ANALYTICS SERVICES, INC.		303,178.	FMV		
(4) DEMETER ANALYTICS SERVICES, INC. M 9,449,732. FMV (5) FREEDOM PARTNERS ACTION FUND L 277,870. FMV (6) Schodwle B (Form 000) 2016	(2)	FREEDOM DARTNERS INCTITIE INC		275 743	CACH DA	VMENT	г
(5) FREEDOM PARTNERS ACTION FUND (6) Schedule P. (Form 000) 2016	(3)	FREEDOM PARINERS INSTITUTE, INC	Ŷ	275,745.	CASH PA		L
(5) FREEDOM PARTNERS ACTION FUND (6) Schedule P. (Form 000) 2016	(4)	DEMETER ANALYTICS SERVICES INC	м	9 449 732	FMV		
(6)	(4)			J, 11J, 1JZ.	T 1.1 A		
(6)	(5)	FREEDOM PARTNERS ACTION FUND	т.	277 870	FMV		
Schodula P. (Form 200) 2016	(3)		-	277,070.	T 1.1 V		
Schodula P. (Form 200) 2016	(6)						
			1	Sch	edule R (For	m 990)	2016

6E1309 1.000

Schedule R (Form 990) 2016

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 sections 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)	_												<u> </u>
9)	_												<u> </u>
0)	_												
1)	_												
2)	_												
3)													
4)													
5)													
6)													<u> </u>

JSA 6E1310 1.000 Schedule R (Form 990) 2016

Schedule R	(Form 990)	2016
Ochequie IX	0000 330	/2010

Page 5

Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. Part VII