

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable

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

200612 031530000 29 IB
 FREEDOM ADVOCATES CELEBRATING
 FACE
 1512 DRUID HILL AVE
 BALTIMORE MD 21217-3424

IRS

D Employer identification number

20 1835062

E Telephone number

(410) 4581024

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

J Organization type (check only one)— 501(c) () ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory															5a											
	5b	Less: cost or other basis and sales expenses															5b											
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).																										
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)															6a											
	6b	Less: direct expenses other than fundraising expenses															6b											
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe ▶)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶)																										
	17	Total expenses (add lines 10 through 16)																										
	18	Excess or (deficit) for the year (line 9 less line 17)																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																										
20	Other changes in net assets or fund balances (attach explanation)																											
21	Net assets or fund balances at end of year (combine lines 18 through 20)																											

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	0
23	Land and buildings	0	0
24	Other assets (describe ▶)	0	0
25	Total assets	0	0
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? To help ex-offenders to reenter Society
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses
		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	<u>Spiritual ministering to ex-offenders. We also provide references to state, city and public and private services that will help the ex-offenders that come in for services</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>0</u>
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Sylvester Peterka 3300 Clinton Ave</u>	<u>Founder</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Marlo Hargrove 1115 E. 31st Street</u>	<u>President</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>William Simmoris</u>	<u>Vice President</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Sherman Y Arborough</u>	<u>BD MEMBER</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .
- 41 List the states with which a copy of this return is filed ▶ MARYLAND
- 42a The books are in care of ▶ MARLO HARGROVE Telephone no. ▶ (____) _____
 Located at ▶ _____
- b At any time during the calendar year, did the organization have a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for foreign accounts.
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country: ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ. Enter the amount of tax-exempt interest received or accrued during the year: \$ _____

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. If the preparer did not examine the return, check this box and attach a statement explaining the preparer's basis for the return.

Please Sign Here

▶ [Signature]
 Signature of officer

▶ President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____

Phone no ▶ (____) _____